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TI: MICHIGAN MEDICINE
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MICHIGAN MEDICINE

JANUARY 1995
VOL. 94, NO. 1

Award-Winning Journal of the Michigan State Medical Society

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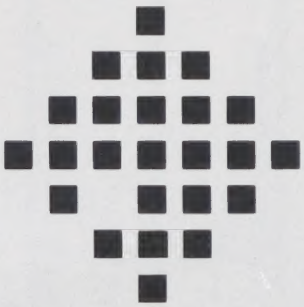
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MICHIGAN MEDICINE

January 1995 Volume 94, No.1

Award-Winning Journal of the Michigan State Medical Society

This month's *Michigan Medicine* serves as the offical directory of the Michigan State Medical Society membership for 1995. Included in the directory are three major listings: 1) a complete alphabetical list of MSMS members; 2) a list of MSMS members according to their component society memberships; and 3) a list of MSMS members by specialty. Immediately following the all-member specialty listing is a list of women physicians by specialty. This list, not published in any previous MSMS membership directory, appears at the request of the MSMS Committee on Concerns of Women Physicians. It is also offered as a networking tool. In some situations, patients are interested in having the services of a woman physician. This listing allows all members the opportunity to easily locate women physicians by specialty and geography. Rounding out the 1995 MSMS Membership Directory is an MSMS resource guide.

In next month's issue:
Michigan Patient Protection Act
Cover illustration by: *Robert L. Brent*
Cover design and Directory layout by: *Hudson Creative*

How to order To order additional copies of the 1995 MSMS Membership Directory, send $50 to MSMS, P.O. Box 950, East Lansing, MI 48826-0950 Attn: Bridgett Benton.

Directory Guide

9 A guide to county societies and codes

10 A guide to cities within counties

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Specialty Listing

289 MSMS members by specialty-Each name is followed by a county society code number, which serves as a cross reference to help the user refer to the assigned county society.

337 Listing of women physicians by specialty & code

Resource Guide

345 MSMS resource guide-Included in the guide are a complete rundown of MSMS committees; a listing of Michigan medical specialty society offices; and addresses for agencies and associations.

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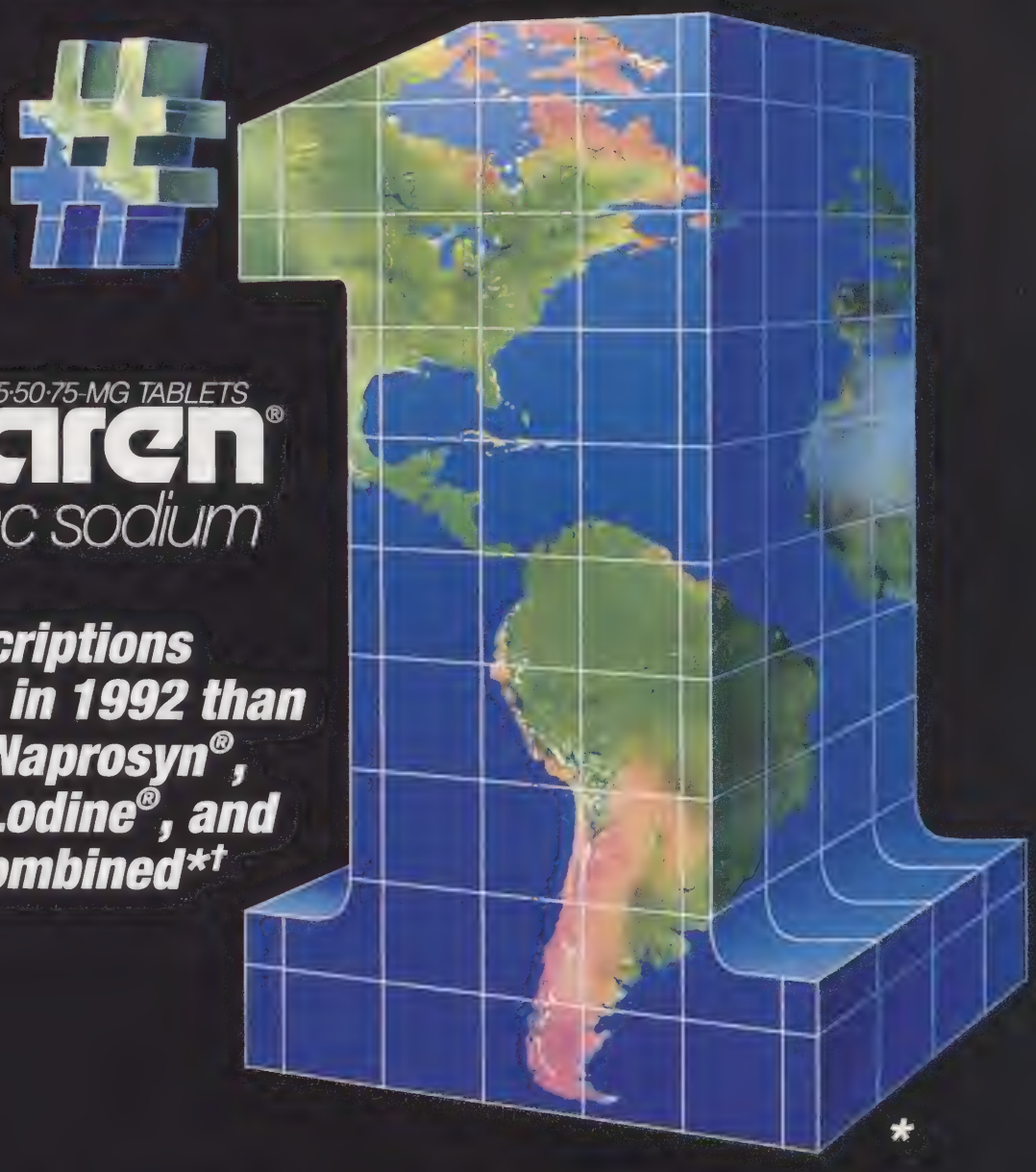
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Please see Brief Summary of Prescribing Information on adjacent page.

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VOLTAREN®

diclofenac sodium
Delayed-Release (enteric-coated) Tablets

CATAFLAM®

diclofenac potassium
Immediate-Release Tablets

Brief Summary (For full Prescribing Information, see Package Insert.)

INDICATIONS AND USAGE

Voltaren Delayed-Release or Cataflam Immediate-Release Tablets are indicated for the acute and chronic treatment of signs and symptoms of rheumatoid arthritis, osteoarthritis, and ankylosing spondylitis. Only Cataflam is indicated for the management of pain and primary dysmenorrhea, when prompt pain relief is desired, because it is formulated to provide earlier plasma concentrations of diclofenac (see CLINICAL PHARMACOLOGY, Pharmacokinetics and Clinical Studies).

CONTRAINDICATIONS

Diclofenac in either formulation, Voltaren or Cataflam, is contraindicated in patients with hypersensitivity to diclofenac. Diclofenac should not be given to patients who have experienced asthma, urticaria, or other allergic-type reactions after taking aspirin or other NSAIDs. Severe, rarely fatal, anaphylactic-like reactions to diclofenac have been reported in such patients.

WARNINGS

Gastrointestinal Effects

Peptic ulceration and gastrointestinal bleeding have been reported in patients receiving diclofenac. Physicians and patients should therefore remain alert for ulceration and bleeding in patients treated chronically with diclofenac even in the absence of previous G.I. tract symptoms. It is recommended that patients be maintained on the lowest dose of diclofenac possible, consistent with achieving a satisfactory therapeutic response.

Risk of G.I. Ulcerations, Bleeding, and Perforation with NSAID Therapy: Serious gastrointestinal toxicity such as bleeding, ulceration, and perforation can occur at any time, with or without warning symptoms, in patients treated chronically with NSAID therapy. Although minor upper gastrointestinal problems, such as dyspepsia, are common, usually developing early in therapy, physicians should remain alert for ulceration and bleeding in patients treated chronically with NSAIDs even in the absence of previous G.I. tract symptoms. In patients observed in clinical trials of several months to 2 years' duration, symptomatic upper G.I. ulcers, gross bleeding, or perforation appear to occur in approximately 1% of patients for 3-6 months, and in about 2%-4% of patients treated for 1 year. Physicians should inform patients about the signs and/or symptoms of serious G.I. toxicity and what steps to take if they occur.

Studies to date have not identified any subset of patients not at risk of developing peptic ulceration and bleeding. Except for a prior history of serious G.I. events and other risk factors known to be associated with peptic ulcer disease, such as alcoholism, smoking, etc., no risk factors (e.g., age, sex) have been associated with increased risk. Elderly or debilitated patients seem to tolerate ulceration or bleeding less well than other individuals, and most spontaneous reports of fatal G.I. events are in this population. Studies to date are inconclusive concerning the relative risk of various NSAIDs in causing such reactions. High doses of any NSAID probably carry a greater risk of these reactions, although controlled clinical trials showing this do not exist in most cases. In considering the use of relatively large doses (within the recommended dosage range), sufficient benefit should be anticipated to offset the potential increased risk of G.I. toxicity.

Hepatic Effects

As with other NSAIDs, elevations of one or more liver tests may occur during diclofenac therapy. These laboratory abnormalities may progress, may remain unchanged, or may be transient with continued therapy. Borderline elevations (i.e., less than 3 times the ULN [=the Upper Limit of the Normal range]), or greater elevations of transaminases occurred in about 15% of diclofenac-treated patients. Of the hepatic enzymes, ALT (SGPT) is the one recommended for the monitoring of liver injury.

In clinical trials, meaningful elevations (i.e., more than 3 times the ULN) of AST (SGOT) (ALT was not measured in all studies) occurred in about 2% of approximately 5700 patients at some time during Voltaren treatment. In a large, open, controlled trial, meaningful elevations of ALT and/or AST occurred in about 4% of 3700 patients treated for 2-6 months, including marked elevations (i.e., more than 8 times the ULN) in about 1% of the 3700 patients. In that open-label study, a higher incidence of borderline (less than 3 times the ULN), moderate (3-8 times the ULN), and marked (>8 times the ULN) elevations of ALT or AST was observed in patients receiving diclofenac when compared to other NSAIDs. Transaminase elevations were seen more frequently in patients with osteoarthritis than in those with rheumatoid arthritis (see ADVERSE REACTIONS).

In addition to the enzyme elevations seen in clinical trials, rare cases of severe hepatic reactions, including jaundice and fatal fulminant hepatitis, have been reported.

Physicians should measure transaminases periodically in patients receiving long-term therapy with diclofenac, because severe hepatotoxicity may develop without a prodrome of distinguishing symptoms. The optimum times for making the first and subsequent transaminase measurements are not known. In the largest U.S. trial (open-label) that involved 3700 patients monitored first at 8 weeks and 1200 patients monitored again at 24 weeks, almost all meaningful elevations in transaminases were detected before patients became symptomatic. In 42 of the 51 patients in all trials who developed marked transaminase elevations, abnormal tests occurred during the first 2 months of therapy with diclofenac. Based on this experience, if diclofenac is used chronically, the first transaminase measurement should be made no later than 8 weeks after the start of diclofenac treatment. As with other NSAIDs, if abnormal liver tests persist or worsen, if clinical signs and/or symptoms consistent with liver disease develop, or if systemic manifestations occur (e.g., eosinophilia, rash, etc.), diclofenac should be discontinued.

To minimize the possibility that hepatic injury will become severe between transaminase measurements, physicians should inform patients of the warning signs and symptoms of hepatotoxicity (e.g., nausea, fatigue, lethargy, pruritus, jaundice, right upper quadrant tenderness, and "flu-like" symptoms), and the appropriate action patients should take if these signs and symptoms appear.

PRECAUTIONS

General

Allergic Reactions: As with other NSAIDs, allergic reactions including anaphylaxis have been reported with diclofenac. Specific allergic manifestations consisting of swelling of eyelids, lips, pharynx, and larynx; urticaria; asthma; and bronchospasm, sometimes with a concomitant fall in blood pressure (severe at times) have been observed in clinical trials and/or the marketing experience with diclofenac. Anaphylaxis has rarely been reported from foreign sources; in U.S. clinical trials with diclofenac in over 6000 patients, 1 case of anaphylaxis was reported. In controlled clinical trials, allergic reactions have been observed at an incidence of 0.5%. These reactions can occur without prior exposure to the drug.

Fluid Retention and Edema: Fluid retention and edema have been observed in some patients taking diclofenac. Therefore, as with other NSAIDs, diclofenac should be used with caution in patients with a history of cardiac decompensation, hypertension, or other conditions predisposing to fluid retention.

Renal Effects: As a class, NSAIDs have been associated with renal papillary necrosis and other abnormal renal pathology in long-term administration to animals. In oral diclofenac studies in animals, some evidence of renal toxicity was noted. Isolated incidents of papillary necrosis were observed in a few animals at high doses (20-120 mg/kg) in several baboon subacute studies. In patients treated with diclofenac, rare cases of interstitial nephritis and papillary necrosis have been reported (see ADVERSE REACTIONS).

A second form of renal toxicity, generally associated with NSAIDs, is seen in patients with conditions leading to a reduction in renal blood flow or blood volume, where renal prostaglandins have a supportive role in the maintenance of renal perfusion. In these patients, administration of an NSAID results in a dose-dependent decrease in prostaglandin synthesis and, secondarily, in a reduction of renal blood flow, which may precipitate overt renal failure. Patients at greatest risk of this reaction are those with impaired renal function, heart failure, liver dysfunction, those taking diuretics, and the elderly. Discontinuation of NSAID therapy is typically followed by recovery to the pretreatment state.

Cases of significant renal failure in patients receiving diclofenac have been reported from marketing experience, but were not observed in over 4000 patients in clinical trials during which serum creatinine and BUN values were followed serially. There were only 11 patients (0.3%) whose serum creatinine and concurrent serum BUN values were greater than 2.0 mg/dL and 40 mg/dL, respectively, while on diclofenac (mean rise in the 11 patients: creatinine 2.3 mg/dL and BUN 28.4 mg/dL).

Since diclofenac metabolites are eliminated primarily by the kidneys, patients with significantly impaired renal function should be more closely monitored than subjects with normal renal function.

Porphyria: The use of diclofenac in patients with hepatic porphyria should be avoided. To date, 1 patient has been described in whom diclofenac probably triggered a clinical attack of porphyria. The postulated mechanism, demonstrated in rats, for causing such attacks by diclofenac, as well as some other NSAIDs, is through stimulation of the porphyrin precursor delta-aminolevulinic acid (ALA).

Information for Patients

Diclofenac, like other drugs of its class, is not free of side effects. The side effects of these drugs can cause discomfort and, rarely, there are more serious side effects, such as gastrointestinal bleeding, and more rarely, liver toxicity (see WARNINGS, Hepatic Effects), which may result in hospitalization and even fatal outcomes.

NSAIDs are often essential agents in the management of arthritis and have a major role in the management of pain, but they also may be commonly employed for conditions that are less serious.

Physicians may wish to discuss with their patients the potential risks (see WARNINGS, PRECAUTIONS, and ADVERSE REACTIONS) and likely benefits of NSAID treatment, particularly when the drugs are used for less serious conditions where treatment without NSAIDs may represent an acceptable alternative to both the patient and physician.

Laboratory Tests

Because serious G.I. tract ulceration and bleeding can occur without warning symptoms, physicians should follow chronically treated patients for the signs and symptoms of ulceration and bleeding and should inform them of the importance of this follow-up (see WARNINGS, *Risk of G.I. Ulcerations, Bleeding, and Perforation with NSAID Therapy*). If diclofenac is used chronically, patients should also be instructed to report any signs and symptoms that might be due to hepatotoxicity of diclofenac; these symptoms may become evident between visits when periodic liver laboratory tests are performed (see WARNINGS, Hepatic Effects).

Drug Interactions

Aspirin: Concomitant administration of diclofenac and aspirin is not recommended because diclofenac is displaced from its binding sites during the concomitant administration of aspirin, resulting in lower plasma concentrations, peak plasma levels, and AUC values.

Anticoagulants: While studies have not shown diclofenac to interact with anticoagulants of the warfarin type, caution should be exercised, nonetheless, since interactions have been seen with other NSAIDs. Because prostaglandins play an important role in hemostasis, and NSAIDs affect platelet function as well, concurrent therapy with all NSAIDs, including diclofenac, and warfarin requires close monitoring of patients to be certain that no change in their anticoagulant dosage is required.

Digoxin, Methotrexate, Cyclosporine: Diclofenac, like other NSAIDs, may affect renal prostaglandins and increase the toxicity of certain drugs. Ingestion of diclofenac may increase serum concentrations of digoxin and methotrexate and increase cyclosporine's nephrotoxicity. Patients who begin taking diclofenac or who increase their diclofenac dose or any other NSAID while taking digoxin, methotrexate, or cyclosporine may develop toxicity characteristics for these drugs. They should be observed closely, particularly if renal function is impaired. In the case of digoxin, serum levels should be monitored.

Lithium: Diclofenac decreases lithium renal clearance and increases lithium plasma levels. In patients taking diclofenac and lithium concomitantly, lithium toxicity may develop.

Oral Hypoglycemics: Diclofenac does not alter glucose metabolism in normal subjects nor does it alter the effects of oral hypoglycemic agents. There are rare reports, however, from marketing experiences of changes in effects of insulin or oral hypoglycemic agents in the presence of diclofenac that necessitated changes in the doses of such agents. Both hypo- and hyperglycemic effects have been reported. A direct causal relationship has not been established, but physicians should consider the possibility that diclofenac may alter a diabetic patient's response to insulin or oral hypoglycemic agents.

Diuretics: Diclofenac and other NSAIDs can inhibit the activity of diuretics. Concomitant treatment with potassium-sparing diuretics may be associated with increased serum potassium levels.

Other Drugs: In small groups of patients (7-10/interaction study), the concomitant administration of azathioprine, gold, chloroquine, D-penicillamine, prednisolone, doxycycline, or digitoxin did not significantly affect the peak levels and AUC values of diclofenac.

Protein Binding

In vitro, diclofenac interferes minimally or not at all with the protein binding of salicylic acid (20% decrease in binding), tolbutamide, prednisolone (10% decrease in binding), or warfarin. Benzylpenicillin, ampicillin, oxacillin, chlortetracycline, doxycycline, cephalothin, erythromycin, and sulfamethoxazole have no influence in vitro on the protein binding of diclofenac in human serum.

Drug/Laboratory Test Interactions

Effect on Blood Coagulation: Diclofenac increases platelet aggregation time but does not affect bleeding time, plasma thrombin clotting time, plasma fibrinogen, or factors V and VII to XII. Statistically significant changes in prothrombin and partial thromboplastin times have been reported in normal volunteers. The mean changes were observed to be less than 1 second in both instances, however, and are unlikely to be clinically important. Diclofenac is a prostaglandin synthetase inhibitor, however, and all drugs that inhibit prostaglandin synthesis interfere with platelet function to some degree; therefore, patients who may be adversely affected by such an action should be carefully observed.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Long-term carcinogenicity studies in rats given diclofenac sodium up to 2 mg/kg/day or (12 mg/m^2/day approximately the human dose) have revealed no significant increases in tumor incidence. There was a slight increase in benign mammary fibroadenomas in mid-dose-treated (0.5 mg/kg/day or 3 mg/m^2/day) female rats (high-dose females had excessive mortality), but the increase was not significant for this common rat tumor. A 2-year carcinogenicity study conducted in mice employing diclofenac sodium at doses up to 0.3 mg/kg/day (0.9 mg/m^2/day) in males and 1 mg/kg/day (3 mg/m^2/day) in females did not reveal any oncogenic potential. Diclofenac sodium did not show mutagenic activity in in vitro point mutation assays in mammalian (mouse lymphoma) and microbial (yeast, Ames) test systems and was nonmutagenic in several mammalian in vitro and in vivo tests, including dominant lethal and male germinal epithelial chromosomal studies in mice, and nucleus anomaly and chromosomal aberration studies in Chinese hamsters. Diclofenac sodium administered to male and female rats at 4 mg/kg/day (24 mg/m^2/day) did not affect fertility.

Teratogenic Effects

There are no adequate and well-controlled studies in pregnant women. Diclofenac should be used during pregnancy only if the benefits to the mother justify the potential risk to the fetus.

Pregnancy Category B: Reproduction studies have been performed in mice given diclofenac sodium (up to 20 mg/kg/day or 60 mg/m^2/day) and in rats and rabbits given diclofenac sodium (up to 10 mg/kg/day or 60 mg/m^2/day for rats, and 80 mg/m^2/day for rabbits), and have revealed no evidence of teratogenicity despite the induction of maternal toxicity and fetal toxicity. In rats, maternally toxic doses were associated with dystocia, prolonged gestation, reduced fetal weights and growth, and reduced fetal survival. Diclofenac has been shown to cross the placental barrier in mice and rats.

Labor and Delivery

The effects of diclofenac on labor and delivery in pregnant women are unknown. Because of the known effects of prostaglandin-inhibiting drugs on the fetal cardiovascular system (closure of ductus arteriosus), use of diclofenac during late pregnancy should be avoided and, as with other nonsteroidal anti-inflammatory drugs, it is possible that diclofenac may inhibit uterine contraction.

Nursing Mothers

Diclofenac has been found in the milk of nursing mothers. As with other drugs that are excreted in milk, diclofenac is not recommended for use in nursing women.

Pediatric Use

Safety and effectiveness of diclofenac in children have not been established.

Geriatric Use

Of the more than 6000 patients treated with diclofenac in U.S. trials, 31% were older than 65 years of age. No overall difference was observed between efficacy, adverse event or pharmacokinetic profiles of older and younger patients. As with any NSAID, the elderly are likely to tolerate adverse reactions less well than younger patients.

ADVERSE REACTIONS

Adverse reaction information is derived from blinded, controlled and open-label clinical trials, as well as worldwide marketing experience. In the description below, rates of more common events represent clinical study results; rarer events are derived principally from marketing experience and publications, and accurate rate estimates are generally not possible.

In a 6-month, double-blind trial comparing Voltaren Delayed-Release Tablets (N=197) vs. Cataflam Immediate-Release Tablets (N=196) vs. ibuprofen (N=197), adverse reactions were similar in nature and frequency. In 718 patients treated for shorter periods, i.e., 2 weeks or less, with *Cataflam Immediate-Release Tablets*, adverse reactions were reported one-half to one-tenth as frequently as by patients treated for longer periods.

The incidence of common adverse reactions (greater than 1%) is based upon controlled clinical trials in 1543 patients treated up to 13 weeks with *Voltaren Delayed-Release Tablets*. By far the most common adverse effects were gastrointestinal symptoms, most of them minor, occurring in about 20%, and leading to discontinuation in about 3%, of patients. Peptic ulcer or G.I. bleeding occurred in clinical trials in 0.6% (95% confidence interval: 0.2% to 1%) of approximately 1800 patients during their first 3 months of diclofenac treatment and in 1.6% (95% confidence interval: 0.8% to 2.4%) of approximately 800 patients followed for 1 year.

Gastrointestinal symptoms were followed in frequency by central nervous system side effects such as headache (7%) and dizziness (3%).

Meaningful (exceeding 3 times the Upper Limit of Normal) elevations of ALT (SGPT) or AST (SGOT) occurred at an overall rate of approximately 2% during the first 2 months of Voltaren treatment. Unlike aspirin-related elevations, which occur more frequently in patients with rheumatoid arthritis, these elevations were more frequently observed in patients with osteoarthritis (2.6%) than in patients with rheumatoid arthritis (0.7%). Marked elevations (exceeding 8 times the ULN) were seen in 1% of patients treated for 2-6 months (see WARNINGS, Hepatic Effects).

The following adverse reactions were reported in patients treated with diclofenac:

Incidence Greater Than 1% - Causal Relationship Probable: (All derived from clinical trials.)

Body as a Whole: Abdominal pain or cramps,* headache,* fluid retention, abdominal distention.

Digestive: Diarrhea,* indigestion,* nausea,* constipation,* flatulence, liver test abnormalities,* PUB, i.e., peptic ulcer, with or without bleeding and/or perforation, or bleeding without ulcer (see above and also WARNINGS).

Nervous System: Dizziness.

Skin and Appendages: Rash, pruritus.

Special Senses: Tinnitus.

*Incidence, 3% to 9% (incidence of unmarked reactions is 1%-3%).

Incidence Less Than 1% - Causal Relationship Probable: (The following reactions have been reported in patients taking diclofenac under circumstances that do not permit a clear attribution of the reaction to diclofenac. These reactions are being included as alerting information to physicians. Adverse reactions reported only in *worldwide marketing experience* or in the literature, not seen in clinical trials, are considered rare and are italicized.)

Body as a Whole: Malaise, swelling of lips and tongue, photosensitivity, *anaphylaxis*, anaphylactoid reactions.

Cardiovascular: Hypertension, congestive heart failure.

Digestive: Vomiting, jaundice, melena, aphthous stomatitis, dry mouth and mucous membranes, bloody diarrhea, hepatitis, *hepatic necrosis*, appetite change, pancreatitis with or without concomitant hepatitis, *colitis*.

Hemic and Lymphatic: Hemoglobin decrease, leukopenia, thrombocytopenia, *hemolytic anemia, aplastic anemia, agranulocytosis*; purpura, *allergic purpura*.

Metabolic and Nutritional Disorders: Azotemia.

Nervous System: Insomnia, drowsiness, depression, diplopia, anxiety, irritability, *aseptic meningitis*.

Respiratory: Epistaxis, asthma, laryngeal edema.

Skin and Appendages: Alopecia, urticaria, eczema, dermatitis, *bullous eruption, erythema multiforme major*, angioedema, *Stevens-Johnson syndrome*.

Special Senses: Blurred vision, taste disorder, reversible hearing loss, scotoma.

Urogenital: *Nephrotic syndrome*, proteinuria, *oliguria, interstitial nephritis, papillary necrosis, acute renal failure.*

Incidence Less Than 1% - Causal Relationship Unknown: (Adverse reactions reported only in worldwide marketing experience or in the literature, not seen in clinical trials, are considered rare and are italicized.)

Body as a Whole: Chest pain.

Cardiovascular: Palpitations, *flushing*, tachycardia, premature ventricular contractions, myocardial infarction.

Digestive: Esophageal lesions.

Hemic and Lymphatic: *Bruising*

Metabolic and Nutritional Disorders: Hypoglycemia, *weight loss*.

Nervous System: Paresthesia, memory disturbance, nightmares, tremor, tic, *abnormal coordination*, convulsions, *disorientation, psychotic reaction*.

Respiratory: Dyspnea, hyperventilation, edema of pharynx.

Skin and Appendages: Excess perspiration, *exfoliative dermatitis*.

Special Senses: Vitreous floaters, night blindness, amblyopia.

Urogenital: Urinary frequency, nocturia, hematuria, impotence, vaginal bleeding.

Printed in USA

C94-2 (Rev. 3/94)

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Distributed by:
Geigy Pharmaceuticals
Ciba-Geigy Corporation
Ardsley, New York 10502

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The Michigan State Medical Society Committee on Publications is the editorial board of **Michigan Medicine** and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

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Michigan Medicine (ISSN 0026-2293) is the official journal of the Michigan State Medical Society, published under the direction of the Publications Committee. It is published 12 times per year on a monthly basis. Second class postage paid at East Lansing, Mich. and at additional mailing offices. Yearly subscription rate, $100.00 (includes weekly *Medigram* newsletter); single copies, $5.00. Printed in USA. All communications relative to articles, news and exchanges should be addressed to Betty McNerney, advertising to Pat Horan, and address changes to Kathy Hagen, Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950. Phone 517-337-1351. POSTMASTER: Send address changes to Michigan Medicine, P.O. Box 950, East Lansing, MI 48826-0950

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MICHIGAN STATE MEDICAL SOCIETY

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Name _____

Street Address/Box Number _____
(Please indicate whether this is your home or office address)

City _____ State _____ Zip Code _____

Telephone Number _____

Fax Number (optional) _____

County Society Membership _____

AMA Membership _____

Specialty _____

1995

MICHIGAN STATE MEDICAL SOCIETY



Directory Guide

Guide to County Societies and County Society Codes

County	County Code	Pg.
Alcona	014	81
Alger	134	161
Allegan	010	81
Alpena	014	81
Antrim	170	174
Arenac	095	121
Baraga	082	110
Barry	018	82
Bay	022	83
Benzie	070	105
Berrien	026	85
Branch	030	88
Calhoun	034	89
Cass	038	92
Charlevoix	170	174
Cheboygan	170	174
Chippewa	042	92
Clare	096	122
Clinton	046	93
Crawford	150	165
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Dickinson	054	94
Eaton	058	94
Emmet	170	174
Genesee	062	95
Gladwin	150	165
Gogebic	066	105
Grand Traverse	070	105
Gratiot	074	109
Hillsdale	078	109
Houghton	082	110
Huron	086	110
Ingham	090	111
Ionia	094	121
Iosco	095	121
Iron	054	94
Isabella	096	122
Jackson	098	123
Kalamazoo	102	125
Kalkaska	150	165
Kent	106	135
Keweenaw	082	110
Lake	142	164
Lapeer	110	151
Leelanau	070	105
Lenawee	114	151
Livingston	118	153
Luce	122	153
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Manistee	130	161
Marquette	134	161
Mason	138	164
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Monroe	158	168
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Oakland	174	176
Oceana	178	202
Ogemaw	150	165
Ontonagon	182	202
Osceola	142	164
Oscoda	150	165
Otsego	150	165
Ottawa	186	202
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Saginaw	190	205
St. Clair	194	211
St. Joseph	198	214
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Shiawassee	206	215
Tuscola	210	216
Van Buren	214	216
Washtenaw	218	217
Wayne	222	230
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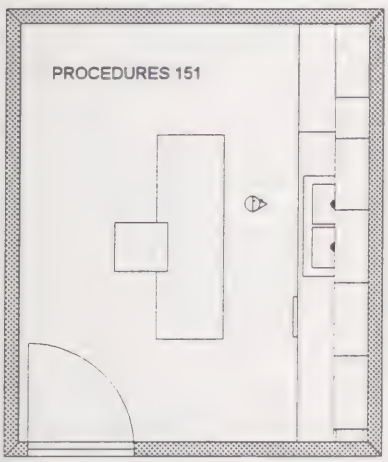
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Guide to Help Locate Cities Within Counties

A
Ada (Kent)
Addison (Lenawee)
Adrian (Lenawee)
Alanson (Emmet)
Albion (Calhoun)
Algonac (St. Clair)
Allegan (Allegan)
Allendale (Ottawa)
Allen Park (Wayne)
Alma (Gratiot)
Almont (Lapeer)
Alpena (Alpena)
Anchorville (St. Clair)
Ann Arbor (Washtenaw)
Ashley (Gratiot)
Au Gres (Bay)
August (Kalamazoo)
Auburn Hills (Oakland)

B
Bad Axe (Huron)
Bladwin (Lake)
Bangor (Van Buren)
Baraga (Baraga)
Bark River (Delta)
Battle Creek (Calhoun)
Bay City (Bay)
Bear Lake (Manistee)
Belding (Ionia)
Bellaire (Antrim)
Belleville (Wayne)
Belmont (Kent)
Benton Harbor (Berrien)
Berkley (Oakland)
Berrien Center (Berrien)
Berrien Springs (Berrien)
Bessemer (Gogebic)
Beulah (Benzie)
Beverly Hills (Wayne)
Big Rapids (Mecosta)
Bingham Farms (Oakland)
Birch Run (Saginaw)
Birmingham (Oakland)
Blanchard (Isabella)
Blissfield (Lenawee)
Bloomfield Hills (Oakland)
Bloomingdale (Van Buren)
Boyne City (Charlevoix)
Branch (Mason)
Breckenridge (Gratiot)
Bridgeport (Saginaw)
Bridgman (Berrien)
Brighton (Livingston)
Britton (Lenawee)
Bronson (Branch)
Brooklyn (Jackson)
Brown City (Sanilac)
Buchanan (Berrien)
Burton (Genesee)
Byron Center (Kent)

C
Cadillac (Wexford)
Caledonia (Kent)
Calumet (Houghton)
Camden (Hillsdale)
Canton (Wayne)
Capac (St. Clair)
Carlton (Monroe)
Caro (Tuscola)
Carson City (Montcalm)
Caseville (Huron)
Cass City (Tuscola)
Cassopolis (Cass)
Cedar Springs (Kent)
Centre Line (Macomb)
Centreville (St. Joseph)
Champion (Marquette)
Charlevoix (Charlevoix)
Charlotte (Eaton)
Chassell (Houghton)
Cheboygan (Cheboygan)
Chelsea (Washtenaw)
Chesaning (Saginaw)
Clare (Clare)
Clarkston (Oakland)
Clawson (Oakland)
Clinton (Lenawee)
Clinton Twp (Macomb)
Clio (Genesee)
Coldwater (Branch)
Coleman (Midland)
Coloma (Berrien)
Colon (St. Joseph)
Columbiaville (Lapeer)
Comstock Park (Kent)
Concord (Jackson)
Constantine (St. Joseph)
Coopersville (Ottawa)
Corunna (Shiawassee)
Croswell (Salinac)
Crystal Falls (Iron)
Custer (Mason)

D
Daggett (Menominee)
Davison (Genesee)
Dearborn (Wayne)
Dearborn Heights (Wayne)
Decatur (Van Buren)
Deckerville (Sanilac)
Deerfield (Lenawee)
Delton (Barry)
Detroit (Wayne)
DeWitt (Clinton)
Dexter (Washtenaw)
Douglas (Allegan)
Dowagiac (Cass)
Drayton Plains (Oakland)
Drummond Island (Chippewa)
Dundee (Monroe)
Durand (Shiawassee)

E
Eagle Harbor (Keweenaw)
East Detroit (Macomb)
East Jordan (Charlevoix)
East Lansing (Ingham)
East Pointe (Macomb)
East Port (Antrium)
East Tawas (Iosco)
Eaton Rapids (Eaton)
Edenville (Clinton)
Ecorse (Wayne)
Edmore (Montcalm)
Edwardsburg (Cass)
Elk Rapids (Antrim)
Elkton (Huron)
Eloise (Wayne)
Elsie (Clinton)
Engadine (Mackinac)
Escanaba (Delta)
Essexville (Bay)
Evart (Osceola)

F
Fairgrove (Tuscola)
Fairview (Oakland)
Farmington (Oakland)
Farwell (Clare)
Fennville (Allegan)
Fenton (Genesee)
Fenwick (Montcalm)
Ferndale (Oakland)
Flat Rock (Wayne)
Flint (Genesee)
Flushing (Genesee)
Fowlerville (Livingston)
Frandor (Ingham)
Frankenmuth (Saginaw)
Franklin (Oakland)
Fraser (Macomb)
Freeland (Saginaw)
Fremont (Newaygo)

G
Galesburg (Kalamazoo)
Garden City (Wayne)
Gaylord (Otsego)
Gladstone (Delta)
Gladwin (Gladwin)
Glen Arbor (Leelanau)
Glendale (Van Buren)
Gobles (Van Buren)
Goodrich (Genesee)
Grand Beach (Berrien)
Grand Blanc (Genesee)
Grand Haven (Ottawa)
Grand Ledge (Eaton)
Grand Marais (Alger)
Grand Rapids (Kent)
Grandville (Kent)
Grant (Newaygo)
Grass Lake (Jackson)
Grayling (Crawford)
Greenville (Montcalm)
Grosse Ile (Wayne)
Grosse Pointe Farms (Wayne)
Grosse Pointe Shores (Wayne)
Grosse Pointe Woods (Wayne)
Gwinn (Marquette)

H
Hamburg (Livingston)
Hamilton (Allegan)
Hamtramck (Wayne)
Hancock (Houghton)
Hanover (Jackson)
Harbert (Berrien)
Harbor Beach (Huron)
Harbor Springs (Emmet)
Harper Woods (Wayne)
Harrison (Clare)
Harrisville (Alcona)
Harsens Island (St. Clair)
Hart (Oceana)
Hartford (Van Buren)
Hartland (Livingston)
Haslett (Ingham)
Hastings (Barry)
Hazel Park (Oakland)
Hemlock (Saginaw)
Hessel (Mackinac)
Hickory Corners (Barry)
Highland (Oakland)
Highland Park (Wayne)
Hillman (Alpena)
Hillsdale (Hillsdale)
Holland (Ottawa)
Holly (Oakland)
Holt (Ingham)
Homer (Calhoun)
Horton (Jackson)
Houghton (Houghton)
Houghton Lake (Roscommon)
Howell (Livingston)
Hudson (Lenawee)
Hudsonville (Ottawa)
Huntington Woods (Oakland)

I
Imlay City (Lapeer)
Indian River (Cheboygan)
Inkster (Wayne)
Ionia (Ionia)
Iron Mountain (Dickinson)
Iron River (Iron)
Ironwood (Gogebic)
Ishpeming (Marquette)
Ithaca (Gratiot)

J
Jackson (Jackson)
Jamestown (Ottawa)
Jenison (Allegan)
Jonesville (Hillsdale)

K
Kalamazoo (Kalamazoo)
Kalkaska (Kalkaska)
Keego Harbor (Oakland)
Kent City (Kent)
Kentwood (Kent)
Kinde (Huron)
Kingsford (Dickinson)

L
Laingsburg (Shiawassee)
Lake City (Missaukee)

Guide to Help Locate Cities Within Counties

Lake Fenton (Wayne)
Lakeland (Livingston)
Lake Odessa (Ionia)
Lake Orion (Oakland)
Lakeview (Montcalm)
Lambertville (Monroe)
L'Anse (Baraga)
Lansing (Ingham)
Lapeer (Lapeer)
La Salle (Monroe)
Lathrup Village (Oakland)
Laurium (Houghton)
Lawrence (Van Buren)
Lawton (Van Buren)
Leland (Leelanau)
Leonidas (St. Joseph)
Leslie (Ingham)
Lincoln Park (Wayne)
Livonia (Wayne)
Lowell (Kent)
Ludington (Mason)
Luther (Lake)
Luzerne (Oscoda)

M

Mackinac Island (Mackinac)
Madison Heights (Oakland)
Manchester (Washtenaw)
Manistee (Manistee)
Manistique (Schoolcraft)
Manitou Beach (Lenawee)
Marcellus (Cass)
Marine City (St. Clair)
Marion (Osceola)
Marlette (Sanilac)
Marquette (Marquette)
Marshall (Calhoun)
Martin (Allegan)
Marysville (St. Clair)
Mason (Ingham)
Mecosta (Mecosta)
Melvindale (Wayne)
Memphis (St. Clair)
Menominee (Menominee)
Merrill (Saginaw)
Metamora (Lapeer)
Michigan Center (Jackson)
Middleville (Barry)
Midland (Midland)
Mikado (Alcona)
Milan (Washtenaw)
Milford (Oakland)
Millington (Tuscola)
Mio (Oscoda)
Monroe (Monroe)
Montague (Muskegon)
Montrose (Genesee)
Morenci (Lenawee)
Mount Clemens (Macomb)
Mount Morris (Genesee)
Mount Pleasant (Isabella)
Muir (Ionia)
Mullet Lake (Cheboygan)
Munising (Alger)
Muskegon (Muskegon)
Muskegon Heights (Muskegon)

N

Nashville (Barry)
Negaunee (Marquette)
Newaygo (Newaygo)
Newberry (Luce)
New Baltimore (Macomb)
New Buffalo (Berrien)
New Era (Oceana)
New Haven (Macomb)
New Port (Monroe)
Niles (Berrien)
North Branch (Lapeer)
North Muskegon (Muskegon)
Northport (Leelanau)
Northville (Wayne)
Norway (Dickinson)
Novi (Oakland)

O

Oak Park (Oakland)
Okemos (Ingham)
Olivet (Eaton)
Onaway (Presque Isle)
Onekema (Manistee)
Onsted (Lenawee)
Ontonagon (Ontonagon)
Orchard Lake (Oakland)
Oscoda (Iosco)
Ossineke (Alpena)
Otisville (Genesee)
Otsego (Allegan)
Otter Lake (Lapeer)
Ovid (Clinton)
Owosso (Shiawassee)
Oxford (Oakland)

P

Parchment (Kalamazoo)
Parma (Jackson)
Paw Paw (Van Buren)
Pentwater (Oceana)
Petersburg (Lenawee)
Petoskey (Emmet)
Pigeon (Huron)
Pinckney (Livingston)
Pinconning (Bay)
Plainwell (Allegan)
Pleasant Lake (Jackson)
Pleasant Ridge (Oakland)
Plymouth (Wayne)
Pontiac (Oakland)
Portage (Kalamazoo)
Port Huron (St. Clair)
Portland (Ionia)
Potterville (Eaton)
Prescott (North Central)
Prudenville (Roscommon)
Pullman (Allegan)

Q

Quincy (Branch)

R

Ramsay (Gogebic)
Reading (Hillsdale)
Reed City (Osceola)
Reese (Tuscola)
Redford (Wayne)
Remus (Mecosta)
Richland (Kalamazoo)
Richmond (Macomb)
River Rouge (Wayne)
Riverview (Wayne)
Rives Junction (Jackson)
Rochester (Oakland)
Rockford (Kent)
Rockwood (Wayne)
Rogers City (Presque Isle)
Romeo (Macomb)
Romulus (Wayne)
Roscommon (Roscommon)
Rosebush (Isabella)
Rose City (Ogeman)
Roseville (Macomb)
Royal Oak (Oakland)

S

Saginaw (Saginaw)
Sagota (Dickinson)
Saline (Washtenaw)
Sandusky (Sanilac)
Sanford (Midland)
Saranac (Ionia)
Saugatuck (Allegan)
Sault Saint Marie (Chippewa)
Sawyer (Berrien)
Schoolcraft (Kalamazoo)
Scottville (Mason)
Sebewaing (Huron)
Selfridge AFB (Macomb)
Shelby (Oceana)
Shelbyville (Allegan)
Sidney (Montcalm)
Skandia (Marquette)
Somerset (Lenawee)
Southfield (Oakland)
Southgate (Wayne)
South Haven (Van Buren)
South Lyon (Oakland)
Sparta (Kent)
Spaulding (Menominee)
Spring Lake (Ottawa)
Stambaugh (Iron)
Standish (Arenac)
Stanton (Montcalm)
St. Charles (Saginaw)
St. Clair (St. Clair)
St. Clair Shores (Macomb)
Stephenson (Menominee)
Sterling Heights (Macomb)
St. Ignace (Mackinac)
St. James (Charlevoix)
St. Johns (Clinton)
St. Joseph (Berrien)
St. Louis (Gratiot)
Stockbridge (Ingham)
Sturgis (St. Joseph)
Sunfield (Eaton)
Suttons Bay (Leelanau)
Swartz Creek (Genesee)

T

Tawas City (Iosco)
Taylor (Wayne)
Tecumseh (Lenawee)
Temperance (Monroe)
Three Rivers (St. Joseph)
Traverse City (Grand Traverse)
Trenton (Wayne)
Troy (Oakland)
Trufant (Montcalm)

U

Ubly (Huron)
Union City (Branch)
Union Lake (Oakland)
Utica (Macomb)

V

Vandalia (Cass)
Vassar (Tuscola)
Vicksburg (Kalamazoo)
Vulcan (Dickinson)

W

Wakefield (Gogebic)
Walker (Saginaw)
Walkerville (Oceanic)
Walled Lake (Oakland)
Warren (Macomb)
Washington (Macomb)
Waterford (Oakland)
Watervliet (Berrien)
Wayland (Allegan)
Wayne (Wayne)
Webberville (Ingham)
Weidman (Isabella)
Wells (Delta)
Wellston (Manistee)
West Bloomfield (Oakland)
West Branch (Ogemaw)
Westland (Wayne)
Westphalia (Clinton)
White Cloud (Newaygo)
Whitehall (Muskegon)
White Lake (Oakland)
White Pigeon (St. Joseph)
White Pine (Ontonagon)
Whitmore Lake (Washtenaw)
Williamston (Ingham)
Wilson (Menominee)
Wixom (Oakland)
Wolverine (Cheboygan)
Woodhaven (Wayne)
Wurtsmith AFB (Oscoda)
Wyandotte (Wayne)
Wyoming (Kent)

Y

Yale (St. Clair)
Ypsilanti (Wastenaw)

Z

Zeeland (Ottawa)

Health Care is Changing We are too!

We're the new Michigan Health & Hospital Association.

For 75 years, we represented Michigan hospitals as the Michigan Hospital Association. But static organizations aren't well suited to the fluid new world of health care.

That's why we're taking a new look at the way health care is delivered in Michigan.

Where many see barriers to better, less costly, more efficient health care in Michigan, we see splendid opportunities to expand coverage, moderate costs, and improve care.

Where some balk at working together to provide the entire spectrum of health care—from primary and preventive, to hospital and long-term care—we see the spectacular possibilities of common interests and shared values.

We believe health systems should be organized to meet community needs and improve community health status.

So, we're reaching out to physicians, to managed care companies, to insurers, to long-term care providers and others to be partners with us to keep people healthy longer and treat them better when they're not.

Together, we'll make real progress on health, give real value to purchasers, and offer real collaboration to partners.

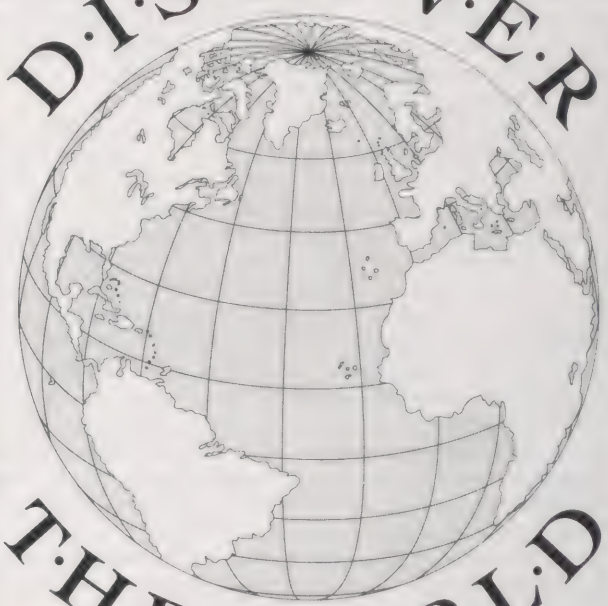
MHA

MICHIGAN HEALTH & HOSPITAL ASSOCIATION

Linking patients, communities and providers together for better health

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D·I·S·C·O·V·E·R



T·H·E· W·O·R·L·D

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1995

MICHIGAN STATE MEDICAL SOCIETY



Alphabetical Listing

Alphabetical Listing of MSMS Members

** Asterisk beside name denotes AMA membership*

Specialty Code Abbreviation Guide

A	Allergy
AC	MSRC-Acute Care
ADL	Adolescent Medicine
ADM	Addiction Medicine
ADP	Addiction Psychiatry
AI	Allergy and Immunology
ALI	Allergy and Immunology/Clinical and Laboratory Immunology
AM	Aerospace Medicine
AN	Anesthesiology
APM	Pain Management
AS	Abdominal Surgery
ATP	Anatomic Pathology
BBK	Blood Banking/Transfusion Medicine
CBG	Clinical Biochemical Genetics
CCA	Critical Care Medicine (Anesthesiology)
CCG	Clinical Cytogenetics
CCM	Critical Care Medicine (Internal Medicine)
CCP	Pediatric Critical Care Medicine
CCS	Surgical Critical Care
CD	Cardiovascular Diseases
CDS	Cardiovascular Surgery
CG	Clinical Genetics
CHN	Child Neurology
CHP	Child Psychiatry
CLP	Clinical Pathology
CMG	Clinical Molecular Genetics
CMP	Chemical Pathology
CN	Clinical Neurophysiology
CRS	Colon and Rectal Surgery
D	Dermatology
DDL	Clinical and Laboratory Dermatological Immunology
DIA	Diabetes
DLI	Diagnostic Laboratory Immunology
DMP	Dermatopathology
DR	Diagnostic Radiology
EM	Emergency Medicine
END	Endocrinology
ESM	Sports Medicine (Emergency Medicine)
ETX	Medical Toxicology (Emergency Medicine)
FOP	Forensic Pathology
FP	Family Practice
FPG	Geriatric Medicine (Family Practice)
FPS	Facial Plastic Surgery, Otolaryngology
FSM	Sports Medicine (Family Practice)
GE	Gastroenterology
GER	Geriatrics
GO	Gynecological Oncology
GP	General Practice
GPM	General Preventive Medicine
GS	General Surgery
GYN	Gynecology
HEM	Hematology (Internal Medicine)
HEP	Hepatology
HMP	Hematology (Pathology)
HNS	Head and Neck Surgery
HS	Hand Surgery
HSO	Hand Surgery (Orthopedic Surgery)
HSP	Surgery of the Hand (Plastic Surgery)
HSS	Surgery of the Hand (Surgery)
ICE	Cardiac Electrophysiology
ID	Infectious Diseases
IG	Immunology
ILI	Clinical and Laboratory Immunology
IM	Internal Medicine
IMG	Geriatric Medicine (Internal Medicine)
IP	Immunopathology
ISM	Sports Medicine (Internal Medicine)
LM	Legal Medicine
MFM	Maternal and Fetal Medicine
MG	Medical Genetics
MM	Medical Microbiology
N	Neurology
NA	Neuropathology
NCC	Critical Care Medicine (Neurological Surgery)
NEP	Nephrology
NM	Nuclear Medicine
NP	Neuropathology
NPM	Neonatal-Perinatal Medicine
NR	Nuclear Radiology
NS	Neurological Surgery
NSP	Pediatric Surgery (Neurology)
NTR	Nutrition
OAR	Adult Reconstructive Orthopedics
OBG	Obstetrics and Gynecology
OBS	Obstetrics
OCC	Critical Care Medicine (Obstetrics and Gynecology)
OM	Occupational Medicine
OMO	Musculoskeletal Oncology
ON	Medical Oncology
OPH	Ophthalmology
ORS	Orthopedic Surgery
OS	Other
OSM	Sports Medicine (Orthopedic Surgery)
OSS	Orthopedic Surgery of the Spine
OT	Otology
OTO	Otolaryngology
OTR	Orthopedic Trauma
P	Psychiatry
PA	Clinical Pharmacology
PCH	Chemical Pathology
PCP	Cytopathology
PD	Pediatrics
PDA	Pediatric Allergy
PDC	Pediatric Cardiology
PDE	Pediatric Endocrinology
PDO	Pediatric Otolaryngology
PDP	Pediatric Pulmonology
PDR	Pediatric Radiology
PDS	Pediatric Surgery
PDT	Medical Toxicology (Pediatrics)
PEM	Pediatric Emergency Medicine
PG	Pediatric Gastroenterology
PH	Public Health
PHO	Pediatric Hematology-Oncology
PIP	Immunopathology
PLI	Clinical and Laboratory Immunology (Pediatrics)
PM	Physical Medicine and Rehabilitation
PMD	Pain Medicine
PN	Pediatric Nephrology
PNP	Pediatric Nephrology
PO	Pediatric Ophthalmology
PP	Pediatric Pathology
PPR	Pediatric Rheumatology
PS	Plastic Surgery
PSM	Sports Medicine (Pediatrics)
PTH	Anatomic/Clinical Pathology
PTX	Medical Toxicology (Preventive Medicine)
PUD	Pulmonary Diseases
PYA	Psychoanalysis
PYG	Geriatric Psychiatry
R	Radiology
RD	MSRC-Diagnostics
RE	MSRC-Education
REN	Reproductive Endocrinology
RG	MSRC-Gerontology
RHU	Rheumatology
RIP	Radioisotopic Pathology
RM	MSRC-Management
RN	MSRC-Pulmonary Rehabilitation
RNP	MSRC-Neonatal/Pediatric
RNR	Neuroradiology
RO	Radiation Oncology
RP	Radiological Physics
TRS	Traumatic Surgery
TS	Thoracic Surgery
U	Urology
UM	Underseas Medicine
UP	Pediatric Urology
US	Unspecified
VIR	Vascular and Interventional Radiology
VS	General Vascular Surgery

A

* Adnan G. Abbasi, MD	CRS	174
* Ali A. Abbasi, MD	END	174
Katherine Abbo, MD	IM	126
Faith Abbott, DO	N	222
* R. Roderic Abbott, MD	IM	062
Mushtak Abbou, MD	OBG	222
* Martin M. Abbrecht, MD	D	174
Aladdin M. Abdel-Rahman, MD	PD	062
* Tama D. Abel, MD	FP	218
* Eduardo C. Abellana, MD	AN	222
* Gerald J. Aben, MD	IM	222
* Gerald R. Aben, MD	DR	090
Reza Abghari, MD	R	222
Marie-France Abiragi, MD	IM	126
Victor A. Abiragi, MD	IM	222
* Elie D. Aboulafia, MD	CDS	222
Joseph P. Abraham, MD	HEM	222
Thomas A. Abraham, MD	IM	102
* Saliem M. Abrahams, MD	AN	174
Bruce D. Abrams, MD	ORS	222
* Gary W. Abrams, MD	OPH	174
Lawrence D. Abramson, MD	IM	218
* Samuel M. Abramson, MD	PD	222
* Michael P. Abrash, MD	ATP	090
Ahmad Abu-Rashed, MD	IM	222
* Yousif A. Abubakr, MD	IM	174
* Romulo T. Abueva, MD	AN	102
Mostafa I. Abuzeid, MD	OBG	062
Rukmani Achari, MD	GP	222
* Chaitanya N. Acharya, MD	PUD	106
Sabah E. Acho, MD	AN	174
* Mohan V. Achwal, MD	AN	062
Glen N. Ackerman, MD	N	090
Dawn M. Ackley		222
* James R. Acocks, MD	PUD	134
Brian A. Adamczyk, MD	FP	098
* Gerald D. Adamian, MD	P	222
* James D. Adamo, MD	P	222
Albert C. Adams, MD	FP	062
Charles L. Adams, MD	TS	162
Ellis W. Adams, MD	PD	098
Frederick M. Adams, MD	PD	174
* James B. Adams, MD	OBG	154
* James L. Adams, MD	OPH	218
James R. Adams, MD	GP	222
* Robert P. Adams, MD	FP	118
Vincent B. Adams, MD	FP	222
Elizabeth H. Adamson, MD	AN	142

Alphabetical Listing of MSMS Members

** Asterisk beside name denotes AMA membership*

Adan

* Adelto N. Adan, MD	IM	154
* Rafael Addiego, MD	OPH	090
James R. Addison, MD	EM	134
* William G. Addison, MD	OBG	134
* John R. Addy, MD	OBG	090
* Anthony A. Adeleye, MD	U	222
* Brian D. Adelman, MD	OBG	174
* Bruce T. Adelman, MD	AN	090
* Marc H. Adelman, DO	OBG	174
* Susan H. Adelman, MD	PDS	222
* Irwin P. Adelson, MD	P	174
* Seymour S. Adelson, MD	IM	174
Dorit D. Adler, MD	DR	218
* Edward W. Adler, MD	IM	174
* Larry A. Adler, MD	GE	218
Ram Advani, MD	PTH	106
* Leandro F. Africa, MD	TS	126
Aftab A. Aftab, MD	PD	062
Mehmet C. Agabigum, MD	OTO	062
Manoochehr K. Agah, MD	PD	174
* Deepak Agarwal, MD	R	190
* Renu Agarwal, MD	IM	190
* Harvey G. Ager, MD	P	174
* Kirk J. Agerson, MD	FP	106
* Alka Aggarwal, MD	FP	222
Kewal K. Aggarwal, MD	IM	174
Satinder K. Aggarwal, MD	IM	222
Yolanda A. Agnew		222
* Andrew M. Agosta, MD	OBG	190
Atul C. Agrawal, MD	GS	086
Dewesh Agrawal		218
Ram N. Agrawal, MD	GS	098
Antonio A. Aguirre, MD	FP	222
Soudabeh Ahadi, MD	OBG	158
* Anwar Ahmad, MD	R	026
* Asir U. Ahmad, MD	IM	174
* Busharat Ahmad, MD	OPH	158
* Fazal Ahmad, MD	IM	174
* Iftiker K. Ahmad, MD	IM	090
Khurshid Ahmad, MD	RO	190
Munawar Ahmad, MD	P	154
Nasir Ahmad, MD	OTO	062
* Sohail I. Ahmad, MD	P	194
* Yasmeen A. Ahmad, MD	PD	222
Zaheer G. Ahmad, MD	IM	222
Badar Ahmed, MD	IM	062
Hindi S. Ahmed, MD	IM	062
Jalal U. Ahmed, MD	P	090
Mahmud U. Ahmed, MD	CD	090
* Mosharraf U. Ahmed, MD	IM	174
* Sajida A. Ahmed, MD	OBG	096
Ziavddin Ahmed, MD	PD	062
Mandeep Ahuja, MD	R	222
Donald J. Aiken, MD	FP	090
* Steven A. Aiken, MD	FP	222
* Timothy B. Aiken, MD	OPH	194
Kimberly Aikens, MD	IM	170
* James T. Aills, MD	P	062
* Robert P. Ainsworth, MD	R	190
James J. Aiuto, MD	IM	222
* Michael D. Aja, MD	TRS	070
Edward P. Ajemian, MD	U	102
Nancy A. Ajemian, MD	FP	222
Mohamed K. Ajjour, MD	IM	222
* Elizabeth A. Ajlouni, MD	RO	218
Isa S. Ajlouni, MD	GP	222
Roger M. Ajluni, MD	IM	222
Steven C. Ajluni, MD	IM	174
Jamal U. Akbar, MD	R	062
* Raana W. Akbar, MD	PD	190
* Waheed Akbar, MD	ORS	190
Jawaid Akhtar, MD	CRS	194
Syed S. Akhtar, MD	GS	190
Elena Akkerman, MD	IM	174
Ahmed M. Akl, MD	RO	062
Hussein Z. Akl, MD	IM	214
Mohammed W. Al-Ameri, MD	PUD	174
Ziad Al-Amiri, MD	DR	190
M. Rida Al-Ansari, MD	U	222
Mowafak S. Al-Asbahi, MD	GE	222
* Sabah A. Al-Attar, MD	ON	218
Imad Al-Azem, MD	GP	222
Mohamed W. Al-Azem, MD	R	078
* M. Said Al-Beiruti, MD	PTH	106
Mahmoud Al-Hadidi, MD	PUD	174
* Samir Al-Hadidi, MD	GE	126
M. Mazen Al-Hakim, MD	N	174
Nabil Z. Al-Hourani, MD	IM	222
Abdulsalam Al-Kassab, MD	IM	062
* Mufid B. Al-Najjar, MD	P	174
* Muhsin M. Al-Rawi, MD	IM	174
* Silvio Aladjem, MD	OBG	102
* Danish A. Alamy, MD	NPM	062
* Hashim M. Alani, MD	PS	174
Emil J. Alban, MD	OBG	222
A. P. Albarran, MD	P	222
Jennifer R. Albe		090
* Joe Alberding, MD	FP	102
Millard J. Albers, MD	OBG	190
* Robert P. Albers, MD	GS	186
* Donald G. Albert, MD	IM	174
* William C. Albert, MD	OPH	174
* Robert D. Albertson, III, MD	IM	098
Albert J. Albrecht, MD	U	222
Donald J. Albrecht, MD	EM	130
Roxie M. Albrecht, MD	GS	106
* Anthony L. Alcantara, MD	DR	222
* Elsa Alcantara, MD	IM	222
Lucilo C. Alcantara, MD	GS	222
* Cesar V. Alcid, MD	AN	062
* Leonard C. Aldrich, MD	GP	082
Leslie B. Aldrich, MD	IM	218
Charles W. Aldridge, MD	OBG	106
* Arden G. Alexander, MD	IM	162
* Cornelius A. Alexander, MD	GS	102
* Don K. Alexander, MD	CD	218
* Gaylord D. Alexander, MD	AN	222
* Jeffrey S. Alexander, MD	GE	170
* Jody L. Alexander, MD	OBG	218
Leonard C. Alexander, MD	IM	222
Thomas J. Alexander, MD	GE	174
Anastasios Alexiou, MD	N	218
* Barry H. Alford, MD	GP	218
Stanley Alfred, MD	D	062
* George D. Alger, MD	OM	102
* Abd A. Alghanem, MD	PS	062
* Patrick C. Alguire, MD	IM	090
* Thomas F. Alguire, MD	IM	186
* Taufiek Alhadi, DO	AN	222
* Max M. Ali, MD	FP	222
S. Akram Ali, MD	GS	194
Shafqat Ali, MD	IM	222
* Ali A. Aliasgharpour, MD	IM	158
* Peter Aliferis, MD	PTH	014
Minda P. Alimario, MD	PD	126
* Solon L. Alimario, MD	IM	126
A. E. Alimboyoguen, MD	GP	062
* John L. Alipit, MD	GS	078
* Denis R. Alix, MD	GS	106
* C. Robert Alkema, MD	PD	162
* H. Dale Alkema, MD	U	102
* Abdul H. Alkhafaji, MD	GS	174
* Robert D. Allaben, MD	GS	222
Azmy A. Allam, MD	IM	206
* Christian E. Allan, MD	OBG	096
* Duane M. Allen, MD	OM	190
* J. Scott Allen, MD	P	174
Jeffrey L. Allen, MD	FP	154
* Richard H. Allen, MD	ORS	034
Richard J. Allen, MD	PD	218
* Richard J. Allen, MD	FP	214
Roger K. Allen, MD	D	090
* Thomas M. Allen, MD	ORS	118
* William T. Allen, MD	PUD	218
* William W. Allen, MD	FP	018
* Jacqueline Allen-Wunderly, MD	OBG	102
Harry D. Allis, MD	ORS	090
Lyle M. Allis, MD	P	218
Hugh R. Allott, MD	EM	042
* Edgar L. Allport, MD	PS	190
Matthew T. Allswede, MD	OBG	090
Steven Almany, MD	CD	174
Isidro C. Almeda, MD	GS	126
S. P. Almeida, MD	GS	062
Neil H. Alperin, MD	RHU	126
E. Bryce Alpern, MD	PD	222
G. Ann Alpern, MD	PTH	218
Michael B. Alpern, MD	DR	222
* Edward Alpert, MD	A	126
Sam Alpiner, MD	GP	222
Samir Alsawah, MD	ON	174
* Siraj N. Alseri, MD	AN	218

Angus

Adnan M. Alshabkhoun, MD	IM	174
* Debra A. Alspector		222
* David A. Altman, MD	D	126
* Jules Altman, MD	D	126
Michael G. Altmann, MD	DR	134
Jeffrey M. Altshuler, MD	CDS	222
* Deniz Altug		090
* Evelyn D. Alumit, MD	IM	062
Hernan R. Alvarez, Jr., MD	CD	222
* Julian A. Alvarez, MD	AN	222
* Julian B. Alvarez, MD	R	222
* Maria E. Alvarez-Krizan, MD	IM	030
Beuker F. Amann, Jr., MD	OPH	098
* Adoor Amanullah, MD	PD	174
* Yazdi N. Amaria, MD	FP	198
Nitin R. Ambani, MD	U	098
Russell K. Ameter, MD	FP	034
Altamash A. Amin, MD	IM	190
* Haresh M. Amin, MD	PD	222
Jagatbhai A. Amin, MD	IM	126
* Mohammed N. Amin, MD	PD	174
* Hassan Amirikia, MD	OBG	222
* Randall J. Amis, MD	AN	222
* Chitra D. Amladi, MD	IM	222
* Mohamadali H. Amlani, MD	CD	062
* James A. Amlicke, MD	ORS	026
John S. Ammond, MD	FP	150
Claire A. Ammoun-Issa, MD	OBG	126
* Harvey E. Amoe, Jr., MD	DR	218
Norman O. Amos, MD	ORS	034
Frank L. Amprim, MD	GS	222
* Gary M. Amundson, MD	R	222
Sylvia Anagnos, MD	N	218
Nancy C. Anastasi, MD	PD	218
* Daniel T. Anbe, MD	IM	062
Sigmund H. Ancerewicz, MD	OTO	098
Evangeline Ancheta, MD	GP	190
Henry B. Ancheta, MD	IM	190
* Louis D. Andary, Jr., MD	OBG	222
* Michael T. Andary, MD	PM	090
* Lourdes V. Andaya, MD	N	222
Roger B. Anderberg, MD	PD	218
* Carl B. Anders, MD	IM	070
Amy R. Andersen		222
Beverly L. Anderson, MD	P	118
* Charles P. Anderson, MD	PH	222
Christine M. Anderson, MD	FP	194
D. Hess Anderson, MD	GP	094
David G. Anderson, MD	OBG	218
* Donald T. Anderson, MD	R	054
Eugene C. Anderson, MD	U	222
Francis C. Anderson, MD	IM	050
Harley H. Anderson, MD	FP	062
* Harold E. Anderson, MD	D	034
* James B. Anderson, MD	ORS	126
* Jerry W. Anderson, MD	HEM	106
* John A. Anderson, MD	PD	222
John K. Anderson, MD	ORS	218
* John W. Anderson, MD	R	090
* Jon C. E. Anderson, MD	AN	226
* Kent E. Anderson, MD	ORS	050
* Libby S. Anderson, MD	R	098
* Marvin D. Anderson, MD	IM	222
Mary O. Anderson, MD	FP	102
* Mary Beth Anderson, DO	PTH	126
Norbert O. Anderson, MD	P	206
Peter J. Anderson, MD	IM	162
Richard T. Anderson, MD	PTH	194
* Robert E. Anderson, MD	IM	218
* Thomas F. Anderson, MD	D	218
Walter L. Anderson, MD	IM	222
* William B. Anderson, MD	OBG	222
William H. Anderson, MD	FP	082
* Lisa A. Andersson-Zetye, MD	OBG	106
* James J. Andonian, MD	OM	222
Harvey M. Andre, MD	ORS	106
* Alice F. Andrews, MD	NPM	106
Charles A. Andrews, MD	IM	106
* Kathleen M. Andries, MD	IM	026
Roman W. Andrushkiw, MD	IM	222
* Eugenius S. Ang, MD	GE	218
Daisy S. Angeles, MD	IM	222
Donna L. Angell, MD	FP	222
* Linda K. Angell, MD	OPH	090
Walter M. Anglin, MD	P	102
* Elizabeth Angus, MD	N	222

Alphabetical Listing of MSMS Members

** Asterisk beside name denotes AMA membership*

*	Joon N. Ann, MD	GS	222
*	Aruna Anne, MD	IM	062
*	Suresh Anne, MD	AI	062
	Roger D. Annis, MD	FP	090
*	M. R. Ansari, MD	GS	222
*	Rudi Ansbacher, MD	OBG	218
	Richard D. Anslow, MD	IM	174
	David P. Antekeier		222
*	Rex D. Antinozzi, MD	IM	070
	Robert C. Antle, MD	OPH	022
	Angela E. Antonette, MD	FP	222
	Audberto C. Antonini, MD	IM	222
	Shamshad Anwar, MD	PUD	194
	Zeenat Anwar, MD	OBG	194
*	Esther Aoigan, MD	FP	222
*	Ramon M. Aparece, MD	IM	126
*	Michael J. App		222
*	Peter B. App, MD	FP	106
	Saul Appel, MD	D	098
	William Appel, MD	A	102
*	Lloyd E. Appell, MD	FP	102
*	Howard B. Appelman, MD	IM	222
*	Mary Appelt, MD	AN	106
	James E. Appelwick, MD	GS	022
*	Martin I. Apple, MD	OPH	174
	Daniel J. Applefield, MD	AN	062
*	Michael D. Appleford, MD	R	218
	James A. Applegate, MD	FP	106
	Jennifer K. Appleyard, MD	IM	222
*	Frederick Aptowitz, MD	P	222
*	Joseph N. Aquilina, Sr., MD	U	190
*	Joseph W. Aquilina, MD	U	190
*	Florentino A. Aquino, MD	GS	026
*	Manaf S. Arabi, MD	N	126
*	Jaime V. Aragones, MD	OPH	174
	Epifania A. Aranas, MD	PD	062
	Husain Arastu, MD	FP	126
*	Pratap K. Aravapalli, MD	AN	062
	Mohammad B. Arbabi, MD	IM	190
	Steven M. Arbit, MD	PM	222
*	Agustin Arbulu, MD	TS	222
	Federico A. Arcari, MD	GS	174
*	Reynaldo B. Arceno, MD	GP	222
*	Thomas J. Archambeau, MD	DR	090
*	Roger W. Archer, DO	FP	222
	Donald H. Archibald, MD	GP	182
	Delia D. Arcilla, MD	PD	222
	Eduardo Arciniegas, MD	TS	222
	Amr Aref, MD	RO	222
	Lakshmi N. Arekapudi, MD	IM	022
*	Miguel A. Arellano, MD	IM	126
	Joseph A. Arena, MD	GS	174
	Joseph A. Arends, MD	GPM	174
	Norman J. Arends, MD	PS	222
*	Robert C. Arends, MD	OPH	174
*	John H. Arendshorst, MD	OPH	186
*	Thomas R. Arendshorst, MD	OPH	186
	William Arendshorst, MD	OPH	186
*	Harry J. Aretakis, MD	EM	126
*	Frankju A. Arevalo, MD	R	222
*	S. N. Argyres, MD	IM	102
	Mohammad A. Ariani, MD	OBG	222
	Constantine T. Aries, MD	DIA	222
	Ahmed A. Arif, MD	IM	062
	Genaro R. Arindaeng, MD	IM	174
	Martin S. Arkin, MD	OPH	070
*	Severo R. Armada, MD	AN	222
	Robert M. Armbruster, MD	R	062
*	Herminio A. Armovit, MD	IM	114
	John W. Armstead, MD	OBG	222
*	Beth J. Armstrong, MD	EM	102
*	John R. Armstrong, MD	IM	090
	Mac J. Armstrong, MD	PH	222
*	Richard A. Armstrong, MD	GS	066
	George C. Arnas, MD	U	190
	Wallace A. Arneson, MD	GS	218
*	Marc S. Arnkoff, MD	U	174
*	Morris J. Arnkoff, MD	U	222
*	Constance G. Arnold, MD	PS	134
*	Daniel J. Arnold, MD	IM	134
	William J. Arnold, MD	FP	222
	A. Robert Arnstein, MD	IM	174
*	Stephen J. Arntz		222
*	Regine Aronow, MD	PD	222
*	Peter J. Aronson, MD	D	174
	Dilip S. Arora, MD	IM	026
	Madan L. Arora, MD	IM	062
*	Oneida Arosarena, MD		218
*	Harold M. Arrington, MD	OBG	222
*	Robyn J. Arrington, Jr., MD	OBG	222
	Abdul G. Arshad, MD	GS	114
*	Charles G. Artinian, MD	IM	174
	Leslie H. Arwin, MD	FP	218
	Richard B. Asbury, MD	GS	114
*	George F. Ascherl, Jr., MD	DR	022
*	Stephen M. Ascherl, MD	DR	022
	Alida Asencio, MD	PD	014
*	Ingida Asfaw, MD	TS	222
*	Richard J. Ashack, MD	D	106
*	Anthony L. Asher, MD	NS	218
	Lawrence Ashker, DO	R	222
*	Ralph F. Askam, MD	AN	162
	J Askanazi, MD	AN	094
	James C. Askins, MD	FP	098
*	Charles M. Asplund, MD	GS	106
*	Dean R. Asselin, MD	P	026
*	Zacarias G. Asuncion, MD	TS	222
*	Elaine L. Atallah, MD	IM	222
*	Pierre C. Atallah, MD	IM	174
	Steve Atallah, MD	IM	222
*	Russell M. Atchison, MD	FP	218
	Nathima H. Atchoo, MD	OBG	174
	Peter D. Atchoo, MD	OPH	174
	Avery J. Aten, MD	FP	014
	Alan M. Atkinson, DO	PUD	090
	Annie L. Atkinson, MD	GP	162
	David E. Atkinson, MD	FP	054
	Herbert A. Atkinson, MD	FP	026
	James E. Atkinson, MD	FP	018
*	Mark B. Atkinson, MD	AN	102
*	Haralambos Atoynatan, MD	IM	206
*	Manohar L. Atri, MD	NEP	190
	Akbar Attary, MD	IM	158
	Antony K. Attie, MD	U	222
	Ed Y. Atty, MD	PM	062
	John B. Atwater, MD	PH	218
*	Blaise U. Audet, MD	NS	174
	Thomas C. Auer, MD	IM	070
*	Kimberly B. Augenstein		218
*	Harry E. August, MD	PYA	222
	Robert W. Augustine, MD	ORS	222
*	Gary T. Augustyn, MD	DR	218
	Phillip F. Augustyn, MD	OPH	218
*	Colleen R. Aujero, MD	PD	222
	Hal G. Aulie, MD	GS	174
	Robert G. Ause, MD	R	218
*	Domenico S. Ausiello, MD	FP	094
	Mohammed A. Aussie, MD	OBG	222
*	Eric D. Austad, MD	PS	218
	Barry I. Auster, MD	D	174
*	Miles S. Auster, MD	IM	174
*	Alfred C. Austin, MD	OBG	222
*	David K. Austin, MD	AN	074
*	Donald C. Austin, MD	NS	222
*	Edward Austin, MD	GS	190
	Eugene S. Austin, MD	IM	206
*	Mark B. Austin, MD	PTH	102
*	Robert J. Austin, MD	OBG	102
	Shirley Austin, MD	AN	222
	John D. Ausum, MD	D	222
	Mohsen M. Avaregan, MD	PD	174
	Allan F. Avbel, MD	R	142
	Mustafa Avci, MD	GP	174
*	Fred Averbuch, MD	OTO	126
	Walter C. Averill, MD	FP	190
*	Noyes L. Avery, MD	IM	106
	Mariam H. Awada		222
*	Muzaffar K. Awan, MD	GP	222
*	Gavin I. Awerbuch, MD	N	022
	Amal A. Awwad		222
	Arnold R. Axelrod, MD	IM	222
	David Axelrod, MD	IM	174
*	Eugene H. Axelrod, MD	AN	218
	Mildred A. Axelrod, MD	IM	174
	John A. Axelson, MD	IM	098
*	Jose R. Ayala, MD	PD	034
	Tayfur R. Ayalp, MD	PS	174
	Necla S. Aydar, MD	OBG	098
*	Evalt Ayerdi, MD	CD	102
*	Jonathon W. Ayers, MD	OBG	218
*	Sumer Aygen, MD	P	022
	Allen W. Ayres, MD	OBG	106
*	Kambiz Ayrom, MD	IM	174
	Bala C. Aysola, MD	AN	062
*	Ahmad N. Azar, MD	PD	222
*	Asif Azeem, MD	GE	106
*	John A. Azevedo, MD	CD	102
*	Qazi S. Azher, MD	ATP	062

B

*	Catherine M. Baase, MD	FP	154
	Ebrahim M. Babaoff, MD	OBG	174
*	Allen L. Babcock, MD	ORS	174
*	Paul W. Babcock, MD	OTO	222
*	Ralph A. Babcock, MD	IM	126
*	James B. Babel, MD	GS	102
	Norman F. Bach, MD	IM	206
*	Burton J. Bacher, MD	OBG	222
	Joyce Bachman-Gathings, MD	IM	102
*	Ghassan I. Bachuwa, MD	IM	062
*	Peter R. Bachwich, MD	IM	014
*	Brian N. Bachynski, MD	OPH	222
	Frank A. Baciewicz, Jr., MD	TS	126
*	John J. Back, MD	P	110
	Eric N. Backos, MD	PM	126
	Rodolfo B. Bacolor, MD	IM	162
	Charles R. Bacon, MD	GS	030
	George E. Bacon, MD	PD	106
	Umesh A. Badami, MD	CD	190
	Maddur N. Badarinath, MD	OM	034
	Craig N. Bade, MD	OBG	186
	Benjamin H. Bader, MD	GP	222
*	Julio E. Badin, MD	PTH	062
	Phillip L. Badra, MD	OBG	090
*	Arthur J. Bady, MD	R	222
*	Kyoung S. Bae, MD	R	222
*	Marga Baer, MD	OBG	222
*	Walter F. Baer, MD	OBG	222
	Cathy L. Bagley, MD	OBG	090
*	Frank A. Bagnasco, MD	CD	174
	Sardar Bahadur, MD	IM	062
*	Thabit M. Bahhur, MD	IM	194
	Duke K. Bahn, MD	DR	174
*	Robert J. Bahra, MD	P	222
*	Sharif Baig, MD	GS	222
*	Douglas L. Bailey, MD	EM	034
*	Duane J. Bailey, MD	FP	062
	James E. Bailey, MD	GS	030
	Robert S. Bailey, MD	U	194
*	Margaret A. Baima, MD	P	222
*	Walter M. Baird, MD	CD	090
*	James E. Bakeman, MD	ORS	106
*	Bruce H. Baker, MD	AN	106
	Charles W. Baker, MD	ON	222
	Dale E. Baker, MD	RHU	218
*	David E. Baker, MD	DR	218
	Delores F. Baker, MD	OBG	222
	Donald B. Baker, MD	IM	042
*	Francis F. Baker, MD	ORS	126
	George H. Baker, MD	PD	090
*	John A. Baker, III, MD	P	090
*	John D. Baker, MD	OPH	222
*	Michael J. Baker, MD	IM	174
	Robert B. Baker, MD	R	042
*	Robert J. Baker, MD	P	106
	Robert P. Baker, DDS		126
	Ronald P. Baker, MD	FP	026
	Scott A. Baker, MD	OTO	022
	Shan R. Baker, MD	OTO	218
*	Thomas C. Baker, MD	ORS	090
*	Lloyd A. Bakken, MD	OBG	106
*	Durward J. Bakker, MD	PD	106
	Mahamad T. Bakri, MD	IM	062
*	Frank T. Balaga, MD	OM	222
	B. Balakrishnappa, MD	IM	222
*	J. Alfredo Balarezo, MD	NS	222
	Mark S. Balas, MD	ORS	062
*	Ronaldo S. Balboa, MD	IM	194
*	Edgar P. Balcueva, MD	IM	190
*	Ernie P. Balcueva, MD	IM	190
*	Frederick W. Bald, III, MD	OBG	102
*	Edgardo C. Balde, MD	AN	062
*	Jere F. Baldwin, MD	FP	194
*	Frank S. Baleiko, MD	U	226
*	John V. Balian, MD	OPH	174
	Nestor L. Balisi, MD	AN	186

Alphabetical Listing of MSMS Members

** Asterisk beside name denotes AMA membership*

Ball

* Patricia A. Ball, MD	IM	174
* Richard D. Ball, MD	PM	070
Donald R. Ballard, MD	FP	222
* David S. Balle, MD	D	222
* Mark R. Balle, MD	D	222
Jaime Ballesteros, MD	N	062
* George J. Balogh, MD	DR	102
Michael R. Balon, MD	FP	174
Richard Balon, MD	P	174
Angelita M. Baluyut, MD	AN	222
* Gordon W. Balyeat, MD	IM	106
Ramesh D. Bambhania, MD	IM	198
* Jeffrey D. Band, MD	IM	174
Emily W. Bandera, MD	A	218
* Jaroslav M. Bandera, MD	PD	218
Karl O. Bandlien, MD	GS	222
* Kirk G. Banerian, MD	R	174
Amitabha Banerjee, MD	PD	062
* Frank E. Banfield, MD	PD	222
Norman L. Banghart, MD	OBG	218
* Michael Banka, MD	FP	162
* David O. Bankole, MD	IM	098
Elie Banna, MD	OBG	126
* John E. Bannow, MD	U	026
Robert J. Bannow, MD	ORS	174
Firooz Banooni, MD	OBG	222
Marjan Banooni		222
* Lenise Banse, MD	D	126
* Michael D. Banyai, MD	IM	170
Reuven Bar-Levav, MD	P	174
Fidelina N. Baraceros, MD	PD	174
* Alphonse W. Baran, MD	FP	222
Diane L. Baranowski, MD	AI	222
Teresa Baranowski-Birkmeier, DO	IM	106
William C. Barany, DO	CLP	102
Mohammad Bararsani, MD	OBG	222
Louis C. Barbaglia, MD	GS	222
Michael M. Barbarich, MD	PTH	050
* Jehan R. Barbat, MD	R	174
Luis G. Barbe, MD	GS	222
Brian A. Barbish, MD	IM	222
Bruce S. Barbour, MD	IM	098
David A. Barbour, MD	R	062
* Edmund M. Barbour, MD	IM	222
Fleming A. Barbour, MD	OPH	062
* Joanne B. Barbour-Walker, MD	DR	218
Stuart P. Barden, MD	R	034
Maxwell B. Bardenstein, MD	ORS	222
Alwin S. Barefield, MD	FP	222
Benjamin Barenholtz, MD	P	222
Mark B. Barettella, MD	IM	102
Rafael Barfi, MD	GE	222
Donald C. Barkel, MD	GS	174
* David B. Barker, MD	PM	222
David H. Barker, MD	R	222
* V. Dale Barker, MD	FP	178
Walter F. Barkey, MD	D	062
Nasser A. Barkhordari, MD	R	174
* Gregory L. Barkley, MD	N	222
John D E. Barks, MD	PD	218
Eduardo V. Barlan, MD	GS	130
* Myron Barlow, MD	D	222
* Peter P. Barlow, MD	A	174
Susan E. Barlow, MD	EM	022
* Bradley T. Barnes, MD	PD	174
* James W. Barnes, MD	FP	162
Jeffrey J. Barnes, MD	OPH	096
* Rex V. Barnes, MD	IM	102
* Robert E. Barnes, Jr., MD	IM	070
* Graham M. Barnett, MD	U	106
* James M. Barnett, MD	OPH	162
Jayson W. Barnett, MD	AN	114
Robert F. Barnett, MD	R	226
Gerald F. Barofsky, MD	GP	106
* Anthony P. Baron, MD	IM	126
* Joseph F. Baron, MD	GP	082
Keith W. Baron, MD	EM	078
C. Gerald Barone, MD	GS	174
* Charles J. Barone, II, MD	PD	222
C. Dale Barrett, MD	PH	030
* David J. Barrett, MD	OPH	106
* Prudence L. Barrett, MD	PD	026
* Roberto M. Barretto, MD	IM	126
Thomas K. Barriger, MD	IM	174
* Robert A. Barron, MD	IM	174
* Jack L. Barry, MD	FP	190
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* Robert L. Barry, MD	ORS	174
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* George M. Bartels, MD	OBG	034
* Edward G. Bartholomew, MD	AN	174
* Frederick D. Bartholomew, MD	OBG	174
* Michael P. Bartlett, MD	DR	154
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Edward E. Barton, MD	U	174
* James S. Barton, II, MD	OBG	090
* Stanley L. Barton, MD	OPH	222
John R. Bartone, MD	NS	070
* Karen D. Bartscht, MD	OBG	218
* Nicholas W. Bartz, DO	FP	098
Nil R. Barua, MD	DR	062
James D. Bash, DO	FP	150
* Theodore A. Bash, DO	FP	150
Theodore L. Bash, MD	GP	050
* Javaid M. Bashir, MD	IM	034
* Sidney Baskin, MD	IM	222
* Neil A. Basmaji, MD	IM	222
John T. Bassett		222
* Joseph S. Bassett, MD	GS	222
* Firooz Bassir, MD	GS	222
Zorka Basta, MD	OBG	218
Fouad Batah, MD	IM	174
Thomas M. Batchelor, MD	CD	222
* Joseph T. Batdorf, MD	FP	062
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Judith Bateman, MD	RHU	174
Richard C. Bates, MD	IM	090
* Richard D. Bates, MD	OBG	014
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* Jason R. Batke		222
* Virginia A. Battel, MD	OBG	222
* James A. Batti, MD	FP	054
* John M. Battle, MD	FP	222
* Donald H. Batts, MD	IM	102
* Philip J. Baty, MD	FP	106
Theodore N. Batzer, MD	IM	130
* Daniel L. Bauer, MD	U	106
E. William Bauer, MD	GP	174
Franz S. Bauer, MD	PD	174
Glenn D. Bauer, MD	PD	174
James J. Bauer, MD	FP	194
Jere M. Bauer, MD	IM	218
* Kathleen M. Bauer, MD	EM	090
* Ralph E. Bauer, MD	AN	222
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* Joaquin P. Bautista, MD	GS	222
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Leandre I. Bautista, MD	CRS	034
* Seymour Baxter, MD	P	174
* Terry L. Baxter, MD	IM	102
William D. Baxter, MD	GS	018
* Loren M. Baylis, MD	GP	174
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* Gilbert M. Bazil, MD	IM	222
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* Gerald N. Beal, MD	IM	026
* Carol A. Beals, MD	IM	090
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* Joseph M. Beals, MD	IM	222
Joseph C. Beaman, MD	FP	222
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Oliver A. Beamon, MD	OBG	090
* Debra K. Beard, MD	IM	106
* James E. Beard, MD	IM	222
Jeriel A. Beard, MD	GS	142
Scott E. Beasecker, MD	FP	190
Michael W. Beasley, MD	EM	022
Lynn A. Beatty, MD	FP	062
* Donald E. Beaudoin, MD	AN	106
* Jacques Beaudoin, MD	TS	222
* Dale W. Beaumont, MD	GE	126
Edgar J. Beaumont, MD	NPM	106
* William L. Beauregard, MD	CRS	174
William Bechtel, MD	DR	062
Douglass R. Beck, MD	FP	062
* Howard J. Beck, MD	OTO	170
* Sidney B. Beck, MD	OTO	126
Stanley M. Beck, MD	PD	150
* Abraham Becker, MD	IM	222
* Christie J. Becker, MD	PDR	222
* Eugene B. Becker, MD	PS	062
Raymond E. Beckering, MD	PTH	186
Robert J. Beckes, MD	PS	050
* C. J. Stanley Beckman, MD	R	166
* H. Hugh Beckman, MD	OPH	174
* Mary P. Bedard, MD	PD	222
* Archie W. Bedell, MD	FP	222
Alfred K. Bediako, MD	OBG	078
* Patrick J. Beecher, MD	OM	222
Lanny E. Beekman, DDS		022
* Theo D. Beels, MD	IM	106
Joel A. Beene, MD	AI	062
* Joseph F. Beer, MD	GP	194
* Michael R. Beer, MD	U	062
* Roderick W. Beer, MD	AN	218
* John H. Beernink, MD	PS	106
* Lee P. Begrow, DO	FP	106
* John R. Behm, DO	FP	206
* C. Peter Behme, MD	IM	190
William J. Behrje, MD	GS	102
Samuel J. Behrman, MD	OBG	174
* William H. Beierwaltes, MD	IM	222
Richard J. Beil, Jr., MD	PS	218
* Richard A. Beison, MD	GP	218
Max R. Beitman, MD	IM	222
* Robert D. Beitman, MD	OPH	222
Abbas Bekhrad, MD	U	190
Azin Bekhrad		222
Juan Belamaric, MD	PTH	222
* Julie A. Belamaric		222
* Marilyn K. Belamaric, MD	OPH	222
* W. George Belanger, MD	R	222
* Marko V. Belej, MD	IM	082
Jack Belen, MD	PM	222
* Walter M. Belenky, MD	OTO	222
Howard R. Belkin		222
* Jeffrey L. Belkin, MD	AN	174
Robert F. Belknap, MD	PD	174
George R. Belkowski, MD	FP	134
Brian J. Bell, MD	OBG	214
* Charles M. Bell, MD	OBG	106
David A. Bell, MD	AN	170
Narayana Bellamkonda, MD	AN	222
Thomas M. Bellinger, MD	FP	154
* Ronald G. Bellisario		222
David G. Beltzman, MD	P	218
David H. Benaderet, MD	CD	126
Sandor F. Bende, MD	IM	222
* Judith M. Bender, MD	DR	174
Bruce J. Benderoff, DO	FP	126
Stephen A. Bendix, MD	IM	222
* Steven M. Benecke, MD	AN	218
* Elissa P. Benedek, MD	P	218
* Alan K. Benenson, MD	P	174
* Bradley P. Bengtson, MD	PS	106
* Joseph Beninson, MD	D	222
George J. Benisek, MD	R	018
* Daniel J. Benishek, MD	AS	054
Pamela Benitez, MD	GS	174
* Danny S. Benjamin, MD	OBG	222
* Jack E. Benkert, MD	OBG	062
Adrea R. Benkoff, MD	OPH	174
* David L. Benkoff, MD	GE	222
Carl G. Benner, MD	GS	070
* William H. Benner, MD	PTH	026
Anthony A. Bennett, MD	R	222
Larry M. Bennett, MD	IM	096

MICHIGAN STATE MEDICAL SOCIETY

AIDS PROVIDER EDUCATION PROJECT



MSMS HIV/AIDS Speakers Bureau

The MSMS HIV/AIDS Speakers Bureau is a resource comprised of over 150 individuals available to speak to groups on a variety of HIV/AIDS-related issues. Available speakers include doctors, nurses, social workers, attorneys, infection control practitioners and people who are infected with HIV/AIDS. The HIV/AIDS Speakers Bureau is part of the MSMS AIDS Provider Education Project.

Presentations are available on a variety of topics including:

- Universal precautions and infection control guidelines
- Prevention and education of HIV/AIDS
- Psycho-Social Issues
- Legal aspects of HIV/AIDS
- Pediatric AIDS
- HIV/AIDS in Women

AIDS Provider Education Project
Michigan State Medical Society
120 West Saginaw East Lansing, MI 48823 • 517-337-1351

Alphabetical Listing of MSMS Members

** Asterisk beside name denotes AMA membership*

Bennett

* Michael L. Bennett, MD	OBG	106
* Nicholas G. Bennett, MD	OPH	098
* W. Bruce Bennett, MD	FP	094
* Michael S. Benninger, MD	OTO	174
* Richard H. Benninger, MD	OPH	106
Arvin Bennish, MD	CD	222
Clifford D. Benson, MD	GS	222
* Davis A. Benson, MD	IM	222
* Manferd T. Benson, MD	R	222
Paul J. Benson, MD	OPH	222
Peter Benson, MD	EM	014
Ronald M. Benson, MD	PYA	218
* Fredk. E. Bentley, MD	FP	218
Jack P. Bentley, MD	GP	098
Karen A. Bentley, MD	PD	062
Mary E. Bentley, MD	FP	098
* Maxwell D. Bentley, MD	OPH	226
Rodney R. Bentz, MD	PUD	218
Dan S. Benvenisti, MD	ON	174
* Mario S. Benvenuto, MD	IM	222
* Carl A. Benz, MD	OPH	114
* Steven C. Benz, MD	OPH	114
* Mary Ellen Benzik, MD	FP	034
* Eleanor A. Berden, MD	PTH	090
* Joseph J. Berenholz, MD	OBG	174
Lee E. Berens, MD	AN	186
* Richard A. Bereza, MD	ORS	106
* Paula M. Berg, MD	AN	218
* Richard A. Berg, MD	CDS	222
* Michael T. Bergeon, MD	D	190
* Bradley C. Berger, MD	FP	126
* Edwin L. Berger, MD	IM	174
* Jeff Berger		222
* Jeffrey P. Berger, MD	IM	222
* Steven H. Berger, MD	P	106
John W. Berghuis, MD	GS	186
* Thomas R. Berglund, MD	FP	102
* Victor A. Berglund, MD	GP	102
* Gary D. Bergman, MD	OPH	174
* Murray S. Bergman, MD	GP	222
* Ronald H. Bergman, MD	OPH	174
* Roy T. Bergman, MD	GS	090
* Howard L. Bergo, MD	IM	222
* Calvin J. Bergsma, MD	U	162
* Kenneth L. Bergsman, MD	IM	222
* Terry J. Bergstrom, MD	OPH	218
* Ramon Berguer, MD, PhD, MD	GS	222
Timothy A. Berka, MD	R	190
* Ernest M. Berkas, MD	GS	222
* Joseph J. Berke, MD	NS	222
Jay E. Berkelhamer, MD	PD	222
Isak O. Berker, MD	PUD	110
* Lary R. Berkower, MD	P	222
* Sosale M. Berkuchel, MD	U	202
Allen Berlin, MD	OBG	222
* Gerald Berlin, DO	AN	106
Blake Berman, MD	DR	062
Charles J. Berman, MD	AN	174
Jay M. Berman, MD	OBG	174
* Martin B. Berman, MD	OPH	222
* Scott Berman, MD	DR	106
Eduardo T. Bermudez, MD	GP	190
* Fernando Bermudez, MD	IM	222
Humberto G. Bernal, MD	OBG	222
* Henri S. Bernard, MD	OPH	222
* Walter G. Bernard, MD	IM	222
* Gregory A. Bernath, MD	CD	162
William E. Berndt, DO	GP	074
* Kenneth S. Berneis, MD	FP	010
Gerald P. Berner, MD	PD	062
* John J. Bernick, MD	OM	222
* Edward S. Bernreuter, MD	U	190
Daniel J. Bernstein, MD	IM	062
Marc J. Bernstein, MD	IM	102
* Samuel S. Bernstein, MD	PD	222
* Conrad F. Bernys, MD	GS	222
Philip J. Beron, MD	RO	174
* Owen M. Berow, MD	IM	102
Kenneth W. Beroza, MD	P	096
William L. Berridge, MD	OM	222
* Deloris A. Berrien-Jones, MD	IM	222
Ashraf H. Berry		222
Joseph E. Berry, MD	GP	222
* Alan D. Bersted, MD	EM	150
* J. G. Marc Bertrand, MD	R	190
* Donald S. Beser, MD	OPH	222
Richard P. Beshore, DO	CDS	090
* Dennis C. Besley, MD	IM	106
* Paul L. Bessette, MD	U	218
* Todd T. Best, MD	PM	174
* Guillermo Betanzos, MD	IM	126
* Rolland E. Bethards, MD	R	090
* Glenn G. Betrus, MD	U	194
Kenneth J. Betten, MD	AN	102
Margaret L. Betts, MD	IM	222
Bradford W. Betz, MD	DR	106
* Eldean G. Betz, MD	IM	102
* Marenus J. Beukema, MD	P	106
* John T. Beuker, MD	ORS	034
* William H. Beute, MD	CHP	106
* Frank N. Bever, MD	PTH	222
Marcus G. Beversluis, MD	IM	106
David J. Beyer, MD	FP	126
* George D. Beyer, MD	GP	062
Hans A. Beyer, MD	AN	174
Kevin L. Beyer, DO	GE	102
* Roger D. Beyer, MD	OBG	214
Charles R. Beyerlein, MD	PTH	096
* Bert M. Bez, DO	AN	090
* Jagdish B. Bhagat, MD	IM	062
Rajesh C. Bhagat, MD	HSO	126
Kumbla P. Bhakta, MD	AN	062
* Ratilal D. Bhakta, MD	IM	222
* Suchitra Bhakta		222
Rajendra K. Bhama, MD	P	222
* Savitri M. Bhama, MD	P	126
Raakesh C. Bhan, MD	IM	034
* Atmaram B. Bhansali, MD	FP	034
Virinder K. Bhardwaj, MD	U	222
* Bharathi I. Bhat, MD	AN	026
Jayant D. Bhat, MD	U	222
* M. Ishwara Bhat, MD	CD	026
* Saroj V. Bhat, MD	IM	222
* Sunil Bhatia, MD	IM	218
* Bharat K. Bhatt, MD	GS	222
Pradipkumar N. Bhatt, MD	FP	102
* Smita B. Bhatt, MD	PTH	222
Jamshid R. Bhavnagri, MD	OBG	126
Sultan M. Bhimani, MD	R	062
* Iam P. Bhisitkul, MD	U	026
Nina Bhosley, MD	AN	218
Devinder K. Bhrany, MD	N	062
* Michael H. Bialik, MD	OPH	222
* Richard E. Bickham, MD	PD	022
Frank B. Bicknell, MD	U	222
James S. Bicknell, MD	EM	154
* Anna Bida-Dudun	OBG	090
Kent R. Biddinger, MD	ORS	154
Mark J. Bielaczyc, MD	AN	170
* John G. Bielawski, MD	IM	222
David J. Bielema, MD	ORS	106
* Robert J. Bielski, MD	P	090
* Herminia P. Bierema, MD	PD	174
Timothy A. Bierema, MD	GS	174
Dixon L. Bieri, MD	AN	026
J. Sybil Biermann, MD	ORS	218
Bruce G. Bigelow, MD	FP	098
Bernard W. Bigley, MD	FP	126
* Donald D. Bignotti, MD	IM	126
Sai R. Bikkina, MD	IM	110
* Charles H. Bill, II, MD	NS	090
* Gary G. Bill, MD	IM	222
* John E. Billi, MD	IM	218
* Thomas H. Billingslea, MD	IM	222
Steven N. Bills		222
B. Wayne Bingham, MD	GP	090
William G. Birch, MD	OBG	102
Carolyn W. Bird, MD	GPM	174
William L. Bird, MD	GS	094
Wilbur R. Birk, MD	AN	102
* Benjamin H. Birkbeck, MD	PS	106
* F. Ross Birkhill, MD	R	222
* Donald J. Birmingham, MD	D	222
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* Leonard J. Birndorf, MD	FP	222
* Kostaki G. Bis, MD	R	222
* James Bischoff, MD	AN	218
* Yousef B. Bishai, MD	OBG	126
* Carter R. Bishop, MD	IM	222
* James E. Bishop, Jr.		222
* James T. Bishop, MD	A	070
* Stephen W. Bishop, MD	FP	206

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Jennifer L. Bissell		222
* Ronald H. Bissett, MD	FP	050
* John E. Bitner, MD		090
* Louis B. Bixler, MD	R	106
* John G. Bizon, MD	OTO	034
* Paul R. Bizzigotti, MD	ORS	226
* Cary M. Bjork, MD	IM	134
* Charles E. Black, MD	OBG	158
* E. Dalton Black, MD	PD	222
Linwood W. Black, MD	IM	222
* Richard A. Black, MD	OPH	010
* Robert W. Black, MD	IM	222
William W. Blackburn, MD	PS	090
* Charla M. Blacker, MD	OBG	222
Robert T. Blackhurst, MD	OPH	154
Eric S. Blackwell		222
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Alexander Blain, III, MD	GS	222
David E. Blair, MD	FP	106
* H. Joseph Blair, MD	CD	190
* Herbert M. Blair, III, MD	D	162
Larry L. Blair, MD	GP	018
* Thomas C. Blair, MD	CDS	090
* Brian W. Blakley, MD	OTO	222
* Lowell E. Blanchard, MD	GP	114
Paul D. Blanchard, MD	IM	170
Benita H. Blanco, MD	OBG	222
* Douglas H. Blanks, MD	A	222
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* Robert P. Blau, MD	OPH	174
* Mark A. Blazek, MD	PD	102
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* Gordon R. Bleil, MD	FP	102
* William B. Blessed, MD	OBG	222
* Cathy O. Blight, MD	PTH	062
* Wayland G. Blikken, MD	AN	186
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Gary H. Bliss, MD	EM	106
* Donald R. Blitz, MD	OBG	174
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* Harry M. Blount, MD	OBG	070
* Gilbert B. Bluhm, MD	RHU	222
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Dale C. Blum, MD	EM	070
David Blum, MD	D	222
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* Jerry C. Bobo, MD	OBG	102
* John L. Boccaccio, MD	GP	222
* Brooks F. Bock, MD	EM	222
* William C. Bock, MD	GS	026
* Arthur W. Boddie, MD	FP	222
Charles Bodem, MD	ID	062
* Anita Bodiya		222
* Michael T. Bodley, MD	IM	106
Aida Bodour, MD	N	098
* Jason H. Bodzin, MD	GS	222
David C. Boechler, MD	IM	090
Mark R. Boelkins, MD	IM	106
* Walter J. Boerman, MD	FP	106
Vernon L. Boersma, MD	PD	186
Dale Boesky, MD	PYA	174

Alphabetical Listing of MSMS Members

** Asterisk beside name denotes AMA membership*

	Elizabeth A. Boessenkool, MD	FP	106
	Iris F. Boettcher, MD	IMG	106
	Norman R. Boeve, MD	ORS	186
*	William R. Bogan, MD	IM	034
*	R. S. Bogdasarian, MD	OTO	218
	Brent D. Boggess, MD	FP	190
	Leonard S. Boggs	PM	174
*	David D. Bogorad, MD	OPH	222
	Chester J. Bogucki, MD	OM	174
	Robert E. Bogue, MD	OBG	222
*	A. Waite Bohne, MD	U	222
	Guy M. Boike, MD	OBG	062
▪	Wilbur J. Boike, MD	N	062
	Brian B. Bojesen, MD	OBG	174
*	Dennis I. Bojrab, MD	OTO	174
*	Edward Bok, MD	DR	106
▪	John D. Boldan, MD	AN	042
	T. Boyd Bolitho, MD	R	204
	Donald S. Bolstad, MD	OTO	222
	Jonathan T. Bolthouse		222
	Robert E. Bolthouse, MD	GP	162
*	Alan E. Bolton, MD	OBG	174
*	Linda R. Bolton, MD	PD	174
*	Norman J. Bolton, MD	GS	222
*	Russell P. Bolton, MD	IM	222
*	Steven Bolton, MD	GS	174
*	James C. Bommarito, MD	PDA	222
	Gary M. Bomphray, MD	GP	022
	Michael J. Bonczak, MD	OBG	174
*	William H. Bond, MD	GP	162
*	Henry G. Bone, III, MD	IM	222
	John D. Bonema, MD	IM	174
*	Virgilio Bonet, MD	GS	062
*	Robert E. Bonfield, MD	DR	218
*	Marta Bonkowski, MD	IM	062
*	William A. Bonnefil, MD	OBG	126
	Warren D. Bontrager, MD	FP	150
*	Warren E. Bontrager, MD	GP	150
	Alvin Bonzelaar, MD	GS	186
*	Marvin Bonzelaar, MD	IM	106
	William B. Bonzelaar, MD	FP	186
*	Stephen E. Boodin, MD	NS	174
	Mandell T. Bookman, MD	U	206
	Robert M. Bookmyer, MD	PD	174
	Jennifer Bookstein		222
▪	Robert R. Boomer, MD	FP	174
	George F. Boone, MD	R	170
*	Nern Boonprasert, MD	IM	030
	Manoo Boonsiri, MD	TS	158
*	Charles E. Boonstra, MD	PTH	026
*	David G. Booth, MD	FP	162
	Earnest Booth, MD	PTH	222
	Enrique M. Boquin, MD	IM	222
*	Robert G. Borchak, MD	GS	222
*	Robert L. Borenitsch, DO	OTO	190
*	Enayat Borhani-Azar, MD	GS	158
*	Jurin Boriboon, MD	PD	222
*	Kingkhan Boriboon, MD	PD	222
	Andrew J. Borin, MD	CD	174
*	Maurice C. Borin, MD	AN	222
*	Gil S. Borlaza, MD	R	218
*	Frederick W. Born, DO	FP	026
	Keith P. Bornstein, DO	FP	126
*	Melvin Bornstein, MD	P	174
	Harry R. Borovik, MD	OTO	070
*	Philip G. Borozan, MD	GS	102
*	J. Carlos Borrego, MD	R	174
*	Ricardo D. Borrego, MD	AN	222
*	Daniel K. Borreson, MD	GS	106
	Vidal D. Borromeo, MD	IM	174
*	James R. Borst, MD	ON	106
	Leon R. Boruch, MD	PTH	110
*	Peter M. Boruta, MD	ORS	174
*	James R. Bos, MD	DR	162
*	Jan K. Bosch, MD	GS	106
*	Donald F. Bosker, MD	FP	062
*	Steven A. Boskovich, MD	OPH	062
*	Peter E. Boss, MD	R	074
*	Richard S. Boss, MD	FP	166
	David B. Bosscher, DO	FP	154
	David W. Bostian, MD	P	218
	Oswald Bostic, MD	IM	222
*	James R. Boswell, MD	EM	102
*	Robert A. B. Bota, MD	PTH	222
	Rajendra Bothra, MD	GS	222
	James H. Botsford, MD	FP	218
*	Edmund T. Bott, MD	GP	222
*	Sidney F. Bottoms, MD	OBG	222
▪	Isadore Botvinick, MD	D	174
	Roman E. Boucher, MD	OPH	174
*	Rudrick E. Boucher, MD	OTO	174
*	Michael C. Boucree, MD	IM	062
▪	John E. Boudeman, MD	OBG	218
	William G. Bouman, MD	IM	106
*	James B. Bour, MD	U	102
	James J. Boutrous, MD	U	222
*	Anthony E. Boutt, MD	OBG	174
*	Anthony W. Boutt		222
	William S. Boutwell, MD	AN	186
*	Robert M. Bouvier, Jr., MD	IM	062
*	Eric Bouwens, MD	FP	106
	Daniel L. Bouwman, MD	EM	102
	Manuel A. Bouza, MD	OM	222
	William A. Bow, MD	PD	190
	Richard J. Bower, MD	FP	214
*	M. Joseph Bowler, MD	OTO	102
*	Gary L. Bowman, DO	DR	102
*	Harold E. Bowman, MD	PTH	090
*	William P. Bowman, MD	FP	174
	Randall E. Bowsman, DO	AN	194
*	Iqbal G. Boxwala, MD	IM	174
*	David C. Boyce, MD	OPH	106
	Barbara J. Boyd, MD	IM	026
	Jack L. Boyd, MD	P	070
	Beth Boyer, MD	FP	150
*	Peter R. Boyer, MD	D	062
*	Philip J. Boyer, MD	PTH	218
	Roy W. Boyer, MD	IM	150
*	Stanley Boykansky, MD	IM	174
*	Eugene H. Boyle, MD	AN	222
*	Ruth Boyman, MD	OPH	174
*	Carsten P. Boysen, MD	AN	162
*	Dennis A. Boysen, MD	GS	190
*	Peter M. Bozeman, MD	AN	218
	Larry E. Braak, MD	P	186
*	Fred C. Brace, MD	FP	106
	A. Peter Brachman, MD	FP	010
	David G. Brachman, MD	RO	102
▪	R. John Bradfield, MD	OBG	222
	Carol R. Bradford, MD	OTO	218
*	James R. Bradford, MD	AN	102
▪	Philip F. Bradford, MD	PTH	186
	David M. Bradley, Jr		222
	Donald E. Bradley, MD	FP	198
	Donald R. Bradley, MD	OBG	174
	George T. Bradley, MD	CRS	222
*	John L. Brady, MD	CD	062
	Neal C. Brady, MD	IM	174
*	Winifred D. Bragg, MD	PM	218
*	Wilbur G. Braham, MD	GP	198
	Paul E. Braman, MD	FP	106
	Nigel H. Bramwell, MD	CLP	102
	Hira E. Branch, MD	ORS	062
	Peter B. Brand, MD	AN	190
▪	Carl P. Brandt, MD	OBG	106
	Merrilee R. Brandt, MD	GS	226
*	Ralph L. Brandt, MD	IM	218
*	Robert J. Brandt, MD	OM	222
*	Robert E. Brantley, MD	R	090
*	Daniel W. Brash, MD	NEP	026
*	Zane A. Brashares, MD	GP	098
	Scott B. Brasseur, MD	IM	018
*	Robert K. Brateman, MD	FP	174
	Harvey J. Bratt, MD	GS	106
	Robert A. Braun, MD	P	174
*	Walter M. Braunohler, MD	ORS	106
	G. Edward Braunschneider, MD	FP	106
*	Caridad B. Bravo-Fernandez, MD	AN	222
*	Gail P. Brayden, MD	CD	134
*	Barry A. Breakey, MD	U	218
	Robert A. Breakey, MD	FP	218
*	James I. Breckenfeld, MD	R	222
	Frank N. Bredau, MD	GS	222
	Robert L. Bree, MD	DR	218
	Wayne J. Breece, MD	IM	062
	David W. Brege, MD	PD	126
*	Sander J. Breiner, MD	P	174
	Ray A. Breitenbach, MD	FP	174
▪	William M. Bremer, MD	PD	102
	James C. Breneman, MD	AI	102
▪	Gerard P. Brennan, MD	FP	162
*	James E. Brennan, MD	FP	198
*	Kenneth M. Brennan, MD	EM	102
*	Mark J. Brennan, MD	PM	174
*	Michael J. Brennan, MD	IM	222
	Terrence P. Brennan, MD	IM	126
	Timothy A. Brennan, MD	IM	222
*	Nancy E. Brenneman, MD	IM	162
*	Wayne L. Brenneman, MD	IM	162
*	Frederick E. Brenner, MD	OM	154
*	Karen E. Brenner		222
*	Thomas E. Brenner, MD	FP	198
*	Morris S. Brent, MD	GS	222
*	Robert L. Brent, MD	U	222
	Richard Brenz, MD	OPH	226
*	Frank Brettschneider, DO	OTO	194
*	Arthelia J. Brewer, MD	OM	174
*	David R. Brickel, MD	U	086
*	Leslie J. Bricker, MD	IM	222
	Murray Brickman, MD	OBG	222
	Robert J. Brickner, Jr., MD	CRS	090
	Robert G. Bridge, MD	IM	154
*	Sherrie R. Bridges		222
*	Rafael C. Brillantes, MD	IM	098
	J. Russell Brink, MD	IM	106
*	Thomas W. Brink, MD	IM	106
	Harvey H. Brinkman, MD	GP	095
*	Bruce B. Brintnall, MD	IM	106
	David A. Brinton, MD	OBG	174
	Ernesto R. Briones, MD	ON	222
*	Adam Brish, MD	NS	134
	Jacob E. Briski, MD	PTH	222
	Laurence E. Briski, MD	PTH	222
	John E. Brisson, MD	GS	222
*	William L. Bristol, MD	IM	126
	Derrick T. Britt, MD	OBG	034
*	Kathy J. Brittan, MD	FP	214
*	Lee R. Britton, MD	GS	014
	Joseph L. Britz, MD	IM	138
	Joseph L. Britz, MD	IM	138
*	Donald R. Brock, MD	PTH	222
*	Joseph L. Brock, MD	FP	162
	Howard S. Brode, MD	P	174
	Sidney M. Broder, MD	N	062
	James D. Brodeur, MD	FP	082
*	Marc S. Brodsky, MD	CD	174
	Howard A. Brody, MD	FP	090
*	Anna H. Broecker, MD	PTH	090
*	Donald G. Bronn, MD	R	174
*	Nancy J. Brooke, MD	AI	106
*	Beth A. Brooks, MD	P	222
	Carter D. Brooks, MD	PD	102
*	Eugene M. Brooks, MD	P	222
*	James S. Brooks, MD	OTO	174
*	Patricia A. Brooks, MD	FP	174
	William R. Brooks, Jr., MD	FP	154
*	Edward J. Brophy, DO	ORS	070
	Charles O. Brosius, MD	P	222
	Paul L. Brothers, MD	FP	198
	A. Joseph Brough, MD	PTH	222
*	Robert H. Brougher, MD	PD	218
*	Robert D. Brouwer, MD	GE	102
▪	John W. Broviac, MD	IM	090
	Walter G. Brovins, MD	P	218
*	Allan C. D. Brown, MD	AN	218
	Alvin M. Brown, MD	PM	222
*	Andrew G. Brown, MD	GS	174
	Arnold L. Brown, MD	GS	174
	Arthur L. Brown, II, MD	GS	102
	Bruce L. Brown, MD	IM	102
*	Byron P. Brown, MD	PH	058
*	C. Arch Brown, MD	PTH	062
*	Charles H. Brown, MD	GP	222
	Deloisteen Brown, MD	IM	218
*	Donald H. Brown, MD	IM	174
*	Eli M. Brown, MD	AN	222
	Eric A. Brown, MD	GS	222
*	Frederick B. Brown, MD	GS	162
*	Frederick W. Brown, MD	FP	090
*	Gregory S. Brown, MD	NEP	190
*	Harold E. Brown, MD	GP	026
	Jack A. Brown, MD	FP	018
*	James A. Brown, MD	D	222
	James C. Brown, MD	IM	222
*	John W. Brown, Jr., MD	OM	090
	John F. K. Brown, MD	DR	174
▪	Kenneth A. Brown, MD	U	222
	Kristen K. Brown		090

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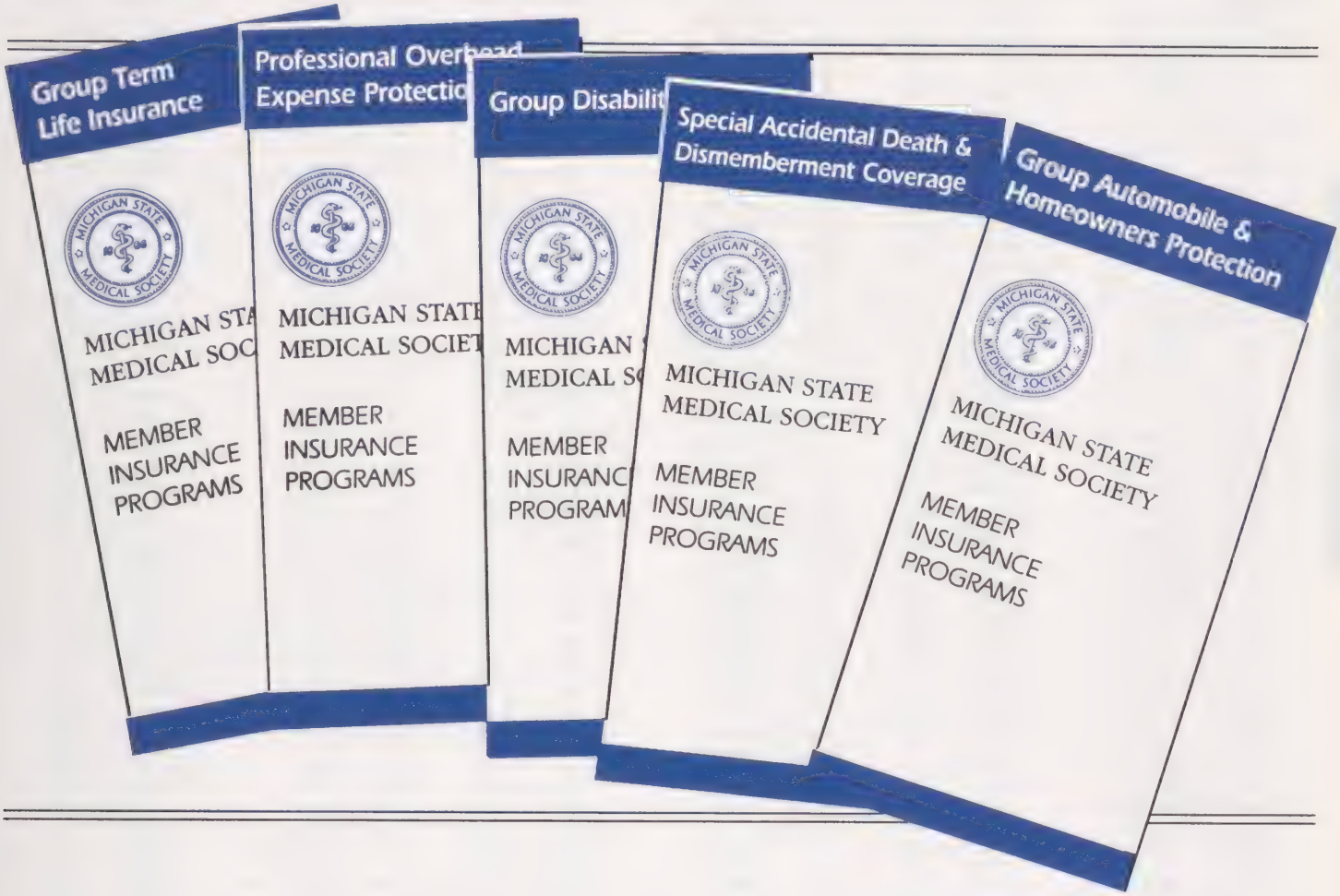
** Asterisk beside name denotes AMA membership*

*	Lane R. Brown, MD	ORS	174
	Leland C. Brown, MD	PH	126
*	Marshall A. Brown, MD	OTO	190
	Michael Brown, MD	EM	106
*	Morris Brown, MD	CCM	222
	Natalie S. Brown		090
*	O. William Brown, MD	CDS	222
	Oscar A. Brown, MD	OPH	222
	Richard C. Brown, MD	PD	206
	Richard K. Brown, MD	DR	174
	Robert J. Brown, MD	IM	162
	Robert S. Brown, Jr., MD	OBG	026
*	Robert W. Brown, MD	IM	034
	Ronald D. Brown, MD	IM	126
*	Sandra T. Brown, MD	DR	222
*	Thomas A. Brown, MD	GP	222
	Virginia K. Brown, DO	FP	222
	Cynthia H. Browne, MD	R	218
	Richard T. Browne, MD	R	174
*	Harold H. Brownell, MD	OBG	222
*	Daniel P. Browning, MD	GS	174
	Kneale M. Brownson, MD	GS	070
	David A. Brownstein, MD	FP	222
*	Thomas A. Bruce, MD	IM	034
*	W. John Bruder, MD	ORS	070
*	Gerald G. Brueckner, MD	CLP	126
	Frederick L. Bruening, MD	OPH	062
*	Edgar S. Bruer, MD	FP	222
	Edwin L. Bruer, MD	GP	222
*	Paul A. Bruer, MD	IM	194
	Laurence Bruggers, MD	OBG	190
*	George S. Bruins, MD	FP	106
*	Benjamin J. Bruinsma, MD	PM	106
*	Herman R. Brukardt, MD	GP	146
	Scott R. Brundage, MD	PS	106
*	Richard E. Bruner, DO	FP	204
*	Leonard A. Brunette, MD	R	102
	John R. Bruni, MD	AS	026
*	Mark R. Bruni, MD	AN	174
*	Lee R. Brunner, MD	END	170
*	Joseph A. Bruno, MD	FP	102
*	Peter J. Bruno, MD	GS	074
	Brock E. Brush, MD	GS	222
*	Robert E. Brush, Jr., MD	PUD	102
*	George G. Bruzza, MD	OBG	102
*	Paul B. Bry, MD	OBG	190
*	Donald I. Bryan, MD	IM	222
*	Henry G. Bryan, MD	D	174
*	Thomas B. Bryan, MD	IM	194
*	Benjamin J. Bryant, MD	GS	034
	David R. Bryant, MD	OBG	174
*	Donald R. Bryant, MD	R	062
	Frederick W. Bryant, MD	OPH	174
*	Henry C. Bryant, MD	PTH	218
*	David E. Bryer, MD	R	222
	David A. Brys, MD	ORS	194
*	Judith G. Brysk, MD	OBG	174
*	Henry Brystowski, MD	IM	222
	Harry D. Bucalo, MD	PTH	218
*	Gerald L. Buchanan, MD	EM	162
*	Robert A. Buchanan, MD	PD	218
*	Joseph R. Buck, MD	GS	222
	Raymond E. Buck, MD	P	222
*	John M. Buday, MD	N	022
*	M. Arthur Budden, MD	R	090
*	Harish B. Budev, MD	PTH	222
*	Ronald F. Budzik, MD	R	222
	Michael Bueche, MD	OPH	090
*	Robert C. Buehrig, MD	P	174
*	B. G. Buenaflor, MD	GS	114
	Filomena F. Buenaflor, MD	IM	114
	Lester A. Buhler, MD	GP	194
*	Charles R. Buhse, MD	OBG	174
*	Janet M. Buhse, MD	FP	174
	Kas L. Buitkus, MD	IM	174
	Walter G. Buko, MD	P	014
*	Charles D. Bukrey, MD	ORS	106
	Rockwood W. Bullard, MD	GS	174
*	James R. Bullen, MD	IM	014
*	Bryan D. Buller, MD	EM	106
*	James M. Bullock, MD	ORS	090
*	Dan J. Bulmer, MD	GS	154
	Robert G. Bulten, MD	PD	106
*	Jerry E. Bulthuis, MD		186
*	Leo W. Bunce, MD	GP	094
*	Garry J. Bundy, MD	AN	022
*	Frank H. Bunker, MD	CD	026
*	Cecilia A. Buot, MD	IM	222
	Kathleen A. Buran, MD	ORS	090
*	Keith H. Burch, MD	IM	222
*	John H. Burdakin, Jr., MD	ON	174
*	Harry W. Burdick, MD	ORS	102
*	Brian S. Burdo, MD	FP	162
	Wendelin A. Burdo-Hartman, MD	PD	106
	Janet Burg Snider, MD	PD	174
	Robert H. Burge, MD	PD	222
*	Howard J. Burgess, II, MD	FP	090
	Michael W. Burgess, DO	FP	098
	Earl Burhans, DO	FP	102
*	Gregory L. Burhans, MD	PTH	034
*	Thomas C. Burk, MD	EM	022
	Chauncey G. Burke, MD	GP	174
*	David W. Burke, MD	IM	102
*	Dennis P. Burke, MD	DR	102
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*	Robert H. Burke, MD	FPS	218
	Shelley A. Burke		222
*	Susan B. Burke, MD	OBG	106
	Thomas M. Burkey, MD	PD	190
	Donald D. Burkley, MD	FP	150
*	Ronald T. Burkman, MD	OBG	222
*	Matthew L. Burman, MD	OPH	222
*	Karen S. Burnard, MD	FP	218
*	Quinter M. Burnett, MD	GP	042
*	Quinter M. Burnett, II, MD	ORS	102
	Richard E. Burney, MD	GS	218
	Thomas K. Burnham, MD	D	222
*	Paul J. Burns, MD	FP	154
	Peter Burns, MD	OBG	050
*	Thomas D. Burns, MD	IM	186
*	Robert B. Burrell, MD	IM	102
*	John J. Burroughs, MD	GP	158
*	John H. Burrows, MD	IM	222
*	Lowell R. Bursch, MD	GS	106
*	Harry S. Burstein, MD	GP	222
	Joseph F. Burtka, MD	GP	174
*	Irving F. Burton, MD	PD	174
*	Robert D. Burton, MD	OTO	106
	Stephen R. Burton, MD	ORS	062
*	Martin J. Bury, MD	IM	194
	J. Max Busard, MD	GS	162
*	Edward C. Bush, MD	FP	222
*	Julie B. Bush, MD	DR	062
	Raymond C. Bush, MD	AN	154
	Russell L. Bush, MD	FP	110
*	Maurice D. Buskirk, MD	OBG	214
	Robert C. Buslepp, MD	GS	098
*	Fred M. Busse, MD	PTH	026
	Abelardo V. Bustillo, MD	GS	118
*	Michael J. Busuito, MD	GS	222
*	Maynard C. Buszek, MD	PM	126
*	Costa Buterakos, MD	DR	222
	Eric P. Buth, MD	RO	106
*	Charles F. Butler, MD	TS	102
*	Donald E. Butler, MD	ORS	218
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	James E. Butler, MD	OPH	222
*	John D. Butler, MD	D	222
*	Paul R. Butler, MD	GE	090
*	Penny J. Butler, MD	IM	102
*	Richard G. Butler, MD	OPH	222
	William J. Butler, MD	U	102
	L. Michelle Butler-Jackson, MD	IM	174
*	Lowell A. Butman, MD	FP	190
	Anne O. Butry, MD	PD	174
	Imdad H. Butt, MD	IM	098
*	Muhammad M. Butt, MD	P	070
*	John F. Butzer, MD	N	106
*	Asher Buxbaum, MD	CD	098
	Gualberto D. Buzon, MD	R	190
*	James V. Buzzitta, MD	IM	106
	James S. Byatt, MD	FP	218
	Richard U. Byerrum		090
	Margaret J. Byers, DO	OBG	090
	Richard M. Byler, MD	CD	098
*	Thomas J. Byrd, MD	OPH	222
*	David M. Byrens, MD	FP	034
	James F. Byrne, MD	FP	186
*	James P. Byrne, Jr., MD	TS	218
*	Louis F. Byrne, MD	FP	190
*	Paul M. Byrnes, MD	OBG	114

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*	Vincente D. Cabansag, Jr., MD	GS	198
*	Vincent R. Cabras, MD	FP	214
*	Donato M. Cabrera, MD	GS	190
	Enrique Cabrera, MD	OBG	222
	Guillermo P. Cabrera, MD	AS	174
	Ricardo Q. Cabrera, MD	FP	174
	Suzanne K. Cachat, MD	IM	222
*	Donald J. Cady, MD	IM	190
*	Frederick J. Cady, Jr, MD	OPH	190
*	Joseph L. Cahalan, MD	IM	222
*	Waldo L. Cain, MD	GS	222
	Pedro V. Caing, MD	IM	222
	Donald A. Cairns, MD	FP	090
*	Lawrence C. Cairns, MD	OBG	026
*	Tomas R. Cajigas, MD	PTH	022
*	Jaime T. Calaguas, MD	GP	222
*	Herminio C. Calderon, MD	R	194
*	John M. Caldwell, MD	IM	096
*	John R. Caldwell, MD	IM	222
*	Robert F. Cali, MD	VS	106
	Regis L. Callaghan, MD	OBG	222
*	C. Glen Callander, MD	GS	102
*	Kelvin Callaway, MD	IM	062
*	Doyle E. Calley, MD	IM	094
*	Yani V. Calmidis, MD	PD	222
*	David R. Calver, MD	OBG	174
	John G. Calwell, MD	AN	222
	Ricardo Calzada, MD	IM	126
*	Luis G. Camero, MD	TS	222
*	George H. Cameron, MD	D	218
	Ray H. Cameron, MD	OTO	054
	Sandra D. Cameron, MD	IM	026
	Sue K. Cammarata, MD	PUD	102
*	Donald C. Camp, MD	GS	026
*	Herbert L. Camp, MD	OTO	154
*	Alan D. Campbell, MD	IM	106
	Alice F. Campbell, MD	GP	034
*	B. Douglas Campbell, MD	N	034
*	Darrell A. Campbell, Jr., MD	GS	218
*	Don E. Campbell, MD	IM	162
*	Donald A. Campbell, MD	PD	022
	Donald A. Campbell, Jr., MD	FP	222
	Douglas G. Campbell, MD	IM	095
*	Frank C. Campbell, MD	R	106
	John N. Campbell, MD	IM	106
*	John S. Campbell, MD	ORS	022
*	Mark G. Campbell, MD	ON	106
*	Peter B. Campbell, MD	IM	062
	Richard E. Campbell, MD	GS	094
	Richard J. Campbell, MD	OBG	034
	Robert E. Campbell, MD	IM	222
*	Ruth B. Campbell, MD	GS	222
*	William B. Campbell, MD	IM	102
	Rebecca B. Campen, JD, MD	D	222
	Jose L. Campos, MD	TR	102
*	Manuel M. Campos, MD	CRS	106
*	Donald R. Canada, MD	D	062
*	Alexa Canady, MD	NS	222
	Marcelo C. Canlas, MD	AN	034
	Richard L. Canlas, MD	FP	190
*	Patrick J. Canning, MD	OBG	090
*	Louis A. Cannon, MD	IM	190
*	John P. Cantor, MD	IM	106
	Lawrence A. Cantow, MD	P	174
*	Elmer E. Capellari, MD	P	222
*	E. Esquejo Capili, MD	OBG	218
*	Napoleon N. Capili, MD	AN	222
	William M. Capina, MD	AN	190
*	David B. Capobres, MD	IM	222
	Joseph M. Caputo, MD	U	222
	Nancy T. Caputo, MD	IM	222
	Eugene T. Capuzzi, MD	GS	222
*	Patricia Carbajo		222
*	Roque L. Carbajo, MD	AN	222
	Tomas Carbonell, MD	OBG	222
*	Randall O. Card, MD	FP	134
*	Marcia B. Cardelli, MD	D	174
*	Michael P. Cardoni, MD	IM	134
	Rankin L. Carefoot, MD	CLP	134
	Michael J. Carella, MD	END	090

The Benefits of Membership



The availability of comprehensive insurance coverage is just one of the many benefits of Michigan State Medical Society membership. Over the years, MSMS, through its affiliated insurance agency, Stratton, Cheeseman & Walsh has been able to offer many cost-effective insurance programs. With Stratton, Cheeseman & Walsh's three decades of experience, MSMS members can deal with them in confidence.

Designed especially to meet the diverse needs of today's physicians, MSMS members have access to quality, group life, disability, business overhead protection and accidental death coverage. Employee group life and disability plans are also available.

Striving to meet the needs of physicians, the Michigan State Medical Society is pleased to announce its newest member benefit, group automobile and homeowners insurance. Auto Owners Insurance Company, a financially strong, Michigan-based property and casualty company was chosen because of their committment to service.

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*	Vernette M. Carlson, MD	FP	146
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	Kenneth W. Carman, MD	FP	222
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*	Jeffery W. Carney, MD	IM	190
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	Ruth V. C. Carney, MD	FP	138
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	George G. Carothers, DO	GS	106
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*	Glenn B. Carpenter, MD	ORS	174
*	James E. Carpenter, MD	ORS	218
*	Kathleen E. Carpenter, MD	R	070
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	Katherine L. Cassidy		222
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	Candelaria J. Castaneda, MD	IM	222
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*	James A. Catto, MD	GS	174
	Gregorio R. Caturay, MD	AN	222
▪	Allan D. Caudill, MD	VS	034
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*	Edgar H. Caughey, MD	GP	222
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*	David W. Cavanagh, MD	IM	102
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*	John W. Cavendish, II, MD	FP	190
	L. Harold Caviness, MD	P	034
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*	Jana S. Cazers, MD	D	102
*	Daniel J. Cecconi, MD	GS	054
*	Richard D. Cecconi, Jr., MD	GS	054
	Richard D. Cecconi, Sr., MD	GP	054
▪	Frank T. Celis, MD	PS	098
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	Albert J. Ceravolo, MD	AN	222
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*	Gabriel Ceron, MD	DR	082
▪	John T. Cerovski, MD	IM	102
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*	Henry Cevallos, MD	N	162
	Ahmed Chaballout, MD	GS	222
*	Seema J. Chackunkal		222
	Mohinder S. Chadha, MD	CLP	114
	John M. Chadwick, MD	D	034
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*	Song H. Chae, MD	PTH	222
*	William M. Chae, MD	R	222
	Mahmoud Chafty, MD	AN	194
▪	Michael D. Chafty, MD	AN	218
	T. Chairatana, MD	AN	222
	David J. Chait, MD	DR	222
	Vijay K. Chaku, MD	IM	190
	N. Venkata Chalam, MD	CD	222
*	Ned I. Chalat, MD	OTO	222
*	Ricardo Chalela, MD	R	126
	Ray W. Chamberlain, MD	AS	096
	George M. Chamberlin, MD	PM	034
	Wayne A. Chambers, MD	AN	222
*	David W. Chamness, MD	PD	186
*	James A. Chamness, MD	PD	186
*	James K. Chamness, MD	PD	186
	William S. Chamness, MD	PD	218
*	C. Kohler Champion, MD	IM	174
	John P. Champion, MD	R	106
	Alexander U. Chan, MD	IM	062
▪	Francisco N. Chan, MD	U	222
	Paul L. Chan, MD	GS	022
	Paulino S. Chan, MD	IM	034
*	Raymond K. Chan, MD	NPM	062
	Samuel N. Chan, MD	HEM	062
	Edward M. Chandler, MD	GS	034
	Joseph H. Chandler, MD	N	174
*	William F. Chandler, MD	NS	218
*	Amnat Chandra, MD	OBG	126
*	Sharath S. Chandra, MD	IM	222
*	Boonchoo Chang, MD	IM	038
	Byung H. Chang, MD	DR	062
*	Cheng-Yang Chang, MD	U	062
	Christopher Y. Chang, MD	PM	174
*	Chul Chang, MD	IM	214
*	Hang S. Chang, MD	R	222
*	Hyun S. Chang, MD	GS	222
*	Jung H. Chang, MD	R	222
	Nora F. Chang, MD	PD	226
*	Suk J. Chang, MD	AN	090
	Mariann M. Channell, MD	OPH	126
*	Satya B. Chaparala, MD	IM	034
*	Johanna Chapel, MD	D	222
*	Thomas A. Chapel, MD	D	222
*	Harvey N. Chapin, MD	P	170
*	Maurice H. Chapin, MD	FP	210
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*	Roland H. Chapman, MD	P	222
*	Eugene J. Chapp, MD	PD	174
	Scott L. Chappell		090
	Barbara M. Chapper, MD	PD	222
	Prasad V. Chappidi, MD	N	222
*	Harold P. Charbeneau, MD	PD	126
*	Eugene N. Chardoul, MD	IM	062
	Deborah Charfoos, MD	OBG	174
*	N. B. Chari, MD	GS	222
*	Veena B. Chari, MD	OBG	222
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	Martin L. Charles, MD	IM	222
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	Nathan Chase, MD	IM	174
*	R. Jack Chase, MD	IM	106
	Stephen G. Chase, MD	OTO	096

Chow

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▪	John W. Chatas, MD	AN	218
	Pyara S. Chauhan, MD	U	126
	Jeffrey K. Chaulk, MD	OPH	150
	James B. Chauncey, MD	IM	098
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*	William E. Chavey, II, MD	FP	218
	Cleofe J. Chavez, MD	PD	134
*	William M. Chavis, MD	OBG	222
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	Prayad Chayapruks, MD	IM	134
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*	Pavitar S. Cheema, MD	P	174
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	Chin-Shuh C. Chen, MD	OBG	222
*	David W. T. Chen, MD	CD	190
*	Jian Chen, MD	GS	222
▪	Mey-En Chen, MD	R	106
	Michael Chen, MD	IM	126
*	Shek-Chyen Chen, MD	R	222
*	Vincent V. Chen, MD	OPH	222
	Yingsan Chen, MD	IM	222
	William D. Cheney, MD	R	090
*	Bradley J. Cherenzia, MD	R	222
*	Allan W. Chernick, MD	CD	222
*	John F. Cherry, MD	DR	190
*	Radha Cherukuri, MD	OBG	190
*	Nicholas Cherup, MD	PM	174
*	Richard M. Chesbrough, MD	DR	174
*	William D. Cheslin, MD	HNS	174
*	Joseph L. Chess, MD	ORS	102
*	Vicki E. Chessin, MD	FP	074
*	Alice S. Chester, MD	P	222
*	Silas C. Cheuk, MD	FP	222
	Ramesh L. Chheda, MD	PD	062
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	Young H. Chi, MD	AN	090
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*	Antonio M. Chiasson, MD	AN	162
*	Elie J. Chidiac, MD	AN	222
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	Lorenzo Childress, Jr., MD	IM	222
*	Petra S. Ching, MD	OBG	222
	Minoo B. Chinoy, MD	OBG	062
	Radha V. Chintamaneni, MD	PD	134
	Ernest Chiodo, MD	IM	222
*	Elwood M. Chipman, MD	GP	206
*	Adolfo M. Chipoco, MD	FP	090
	Ronald S. Chipps, MD	IM	102
▪	Neldagae S. Chisa, MD	D	174
	Peter R. Chisena, MD	FP	190
▪	Michael A. Chita, DO	R	222
	Darapen Chivalak, MD	OBG	222
*	Jae Y. Cho, MD	P	190
*	Kwang S. Cho, MD	FP	034
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	Bernard Chodorkoff, MD	P	174
*	Brian Chodoroff, MD	PM	218
*	Gary Chodoroff, MD	PM	222
	Dale D. J. Chodos, MD	PA	102
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	Don S. Choe, MD	AN	026
	Byong-Du Choi, MD	AN	090
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*	Joon Young Choi, MD	P	222
*	Kong C. Choi, MD	GS	062
	Sang H. Choi, MD	GS	174
*	Soon A. Choi, MD	IM	062
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*	Kalpana A. Choksi, MD	PD	222
*	Chairat P. Chomchai, MD	CRS	222
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	Eugene B. Choo, MD	CD	090
	Hari G. Chopra, MD	NS	174
	Elaine G. Chottiner, MD	IM	218
	Belinda S. Chou, MD	PD	218
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*	Sajal P. Choudhury, MD	PTH	222
	Paul M. Chovaz, MD	AN	162
*	Cynthia T. Chow, MD	D	174

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Clarence P. Chrest, MD	R	102
* David J. Christ, MD	ORS	102
* Carl W. Christensen, MD	OBG	222
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* R. C. Christensen, MD	CD	222
Randall M. Christenson, MD	P	106
* Daniel K. Christian, MD	IM	102
James L. Christiansen, MD	PD	134
* Lance M. Christiansen, MD	OBG	174
* Thorvald W. Christiansen, MD	TS	026
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* Wallace C. Christy, MD	IM	218
Hung-Ming Chu, MD	P	062
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Kenneth K. Chun, MD	IM	174
Stephanie Chun, MD	OBG	222
Hyuk Chung, MD	AN	218
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* Tae-Hong Chung, MD	FP	194
William J. Chung, MD	PD	174
Woon-Man Chung, MD	DR	090
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* William R. Church, MD	DR	070
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* John M. Cilluffo, MD	NS	070
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* Mary C. Ciotti, MD	OBG	090
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Thomas Clafton, MD	FP	174
* Allan G. Clague, MD	N	218
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* Paul E. Clancy, MD	TS	222
* Muir Clapper, MD	IM	222
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Eric Clark, MD	FP	110
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John R. Clark, MD	OBG	198
Marcella R. Clark, MD	IM	222
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* Michael R. Clark, MD	EM	090
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Ray H. Clark, MD	HEM	098
Robert L. Clark, MD	PTH	026
Robert L. Clark, MD	PD	062
Robert T. Clark, MD	OPH	118
* William P. Clark, MD	GP	222
Kimberly Clark-Paul, MD	GS	194
David J. Clarke, MD	OBG	222
Harriet A. Clarke, MD	AN	174
* Norman E. Clarke, Jr., MD	IM	222
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William R. Clarke, MD	OM	190
John M. Clarkson, MD	GP	046
Susan T. Clarkson, MD	GP	046
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* Carl F. Clavenna, MD	OPH	174
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* Joel W. Clay, MD	GS	126
* Michael A. Clay		090
* William E. Clay, MD	AN	126
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Kevin J. Clayton, DO	CD	070
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William K. Clegg, MD	EM	102
Robert H. Cleland, MD	GS	050
William D. Cleland, MD	PD	194
Frederick L. Clement, MD	GS	102
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J. Daniel Clifford, MD	A	098
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Andrew R. Climie, MD	PTH	222
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James E. Clinton, DO	IM	126
* Richard K. Clise, MD	FP	106
* R. Paul Clodfelder, MD	IM	106
* M. Gerard Cloherty, MD	PTH	106
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Bradley J. Close		218
James S. Close, MD	OPH	090
* Robert C. Clouse, MD	FP	166
* Charles A. Cloutier		222
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* Alan D. Cohen, MD	D	126
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Kaya Colak, MD	DR	174
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Neil C. Colegrove, MD	FP	106
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John F. Coleman, MD	AN	070
* Richard G. Coleman, MD	EM	186
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* Thomas B. Coles, Jr, MD	OS	222
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* Beverly A. Collier, MD	AN	090
* Richard L. Collier, MD	GS	090
Francis X. Colligan, MD	PM	218
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Margarita Collins, MD	HEM	174
* Thomas D. Collins, MD	FP	010
* Kathy L. Collins-Williams, MD	OBG	106
* David J. Collon, MD	ORS	222
Claire P. Colman, MD	CHP	174
Michael D. Colman, MD	P	174
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John Colombo, MD	OPH	126
* Pino D. Colone, MD	EM	218
* Lee H. Colony, MD	PS	090
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Graham F. Colquhoun, MD	OPH	034
Peter J. Colquhoun, MD	OPH	034
* Jeffrey J. Colton, MD	OTO	174
* John C. Colwill, MD	ORS	106
* William B. Comai, MD	ORS	034

Corondan

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Julius V. Combs, MD	OBG	222
* Robert G. Combs, MD	GS	090
Christopher N. Compton		222
Jacqueline R. Compton, MD	OBG	174
Barton L. Comstock, MD	PD	026
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* Howard M. Comstock, MD	GS	158
* Lawrence A. Comstock, MD	FP	222
Charles E. Conaway, MD	GP	110
* Donald P. Condit, MD	ORS	106
* Michelle M. Condon, MD	IM	106
* Gina M. Conflitti, MD	IM	222
* David E. Congdon, MD	PTH	062
* Douglas D. Congdon, DO	PTH	062
Gerald A. Coniglio, MD	ORS	190
* Emma J. Conklin, MD	IMG	222
* Michael K. Conley, MD	OBG	134
Jerome W. Conn, MD	END	218
* Ann Connaghan, MD	FP	095
P. J. Connaughton, MD	GS	170
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Brian A. Connolly, MD	P	174
* Paul J. Connolly, MD	GS	222
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Alan J. Conrad, MD	FP	226
* Jerome A. Conrad, MD	ORS	142
Maynard M. Conrad, MD	ORS	102
* Mary E. Conroy, MD	ORS	222
Dion S. Consengco, MD	IM	098
Elizabeth G. Consengco, MD	OBG	098
* Basil B. Considine, MD	RO	126
* Louis L. Constan, MD	FP	190
* Diana M. Constance, MD	P	174
* Errikos L. Constant, MD	PS	090
* Aeneas Constantine, MD	GP	014
Abelardo G. Contreras, MD	N	174
* Gerald F. Conway, MD	U	174
* William A. Conway, MD	IM	222
Brian W. Cook, MD	EM	218
Carla A. Cook, MD	TR	174
* Carlton L. Cook, MD	GP	114
* David A. Cook, MD	ON	022
Frank W. Cook, MD	GS	062
J. Maxwell Cook, MD	PH	090
James C. Cook, MD	R	222
■ John M. Cook, MD	OBG	054
■ Ralph R. Cook, MD	OM	154
Robert A. Cook, MD	OBG	170
Thomas J. Cook, MD	FP	014
■ David L. Cooke, MD	OPH	026
Cory E. Cookingham, Jr., MD	AI	062
■ Cory E. Cookingham, Sr, MD	PDA	062
■ Cynthia L. Cookingham, MD	PD	174
Franklin T. Cookinham, MD	AN	222
Norton J. Cooksey, MD	IM	070
■ John R. Cooley, MD	OBG	102
Roy V. Cooley, MD	FP	174
* Joseph M. Cools, MD	P	134
* Robert J. Coombs, DO	AN	014
■ Norman E. Coon, MD	CLP	106
Frederick W. Coop, MD	DR	194
* Janelle L. Cooper, MD	N	050
Paul F. Cooper, MD	GS	102
Ralph R. Cooper, MD	IM	222
* Raymond Cooper, MD	OBG	162
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* Robert S. Cooper, MD	PD	174
* Thomas M. Cooper, MD	IM	222
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* Arnold G. Coran, MD	PDS	218
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* John V. Corbett, MD	ORS	126
* Thomas H. Corbett, MD	AN	218
* Jerome F. Cordes, MD	IM	090
* Jerome F. Cordes, Jr., MD	DR	090
* Roberto B. Cordoba, MD	RO	190
* Louis B. Coriasso, MD	FP	062
* Ronald J. Coriasso, DO	FP	062
Goldie Corneliuson, MD	PH	090
* Diane S. Cornellier, MD	N	070
* Frank L. Cornish, MD	P	102
* Maria Corondan, MD	GP	126

ENJOYING GOOD, LEAN BEEF IS AS EASY AS 1,2,3.

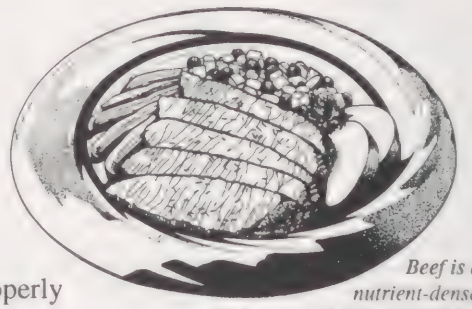
Did you know that lean beef can be part of your heart-healthy diet? You can enjoy the versatility and good taste of lean beef by following a few simple guidelines. It's as easy as 1,2,3!

1 Just remember to keep serving size moderate — about 3 ounces, cooked. On average, a 3-ounce cooked serving of lean beef contains just 8.4 grams of total fat and 3.2 grams of saturated fat. Several cuts from the round and loin contain even less. A 3-ounce serving is about the same size as a deck of cards or the palm of a woman's hand.



A 3-ounce serving is about the same size as a deck of cards.

2 Some cuts of beef are leaner than others. The leanest cuts come from the loin and round areas of the steer. The Skinniest Six cuts are the: Top Round, Top Loin, Round Tip, Tenderloin, Sirloin and Eye of Round.



Beef is a nutrient-dense food, meaning it has a high level of nutrients compared to calories. It's an excellent source of high quality protein, iron, zinc and other essential nutrients.

3 Today's leaner beef needs to be handled and prepared properly to retain moistness and tenderness. Appropriate cooking methods are critical, as there is now less fat in beef to keep it moist and juicy. For more tender cuts (such as loin cuts), use a dry-heat cooking method like broiling or grilling and serve immediately. For less tender cuts (such as round cuts), use a moist-heat method or marinate to tenderize.



Beef is appropriate for low-fat cooking methods such as broiling, rack roasting, pan broiling, grilling and poaching.



For a free copy of Nutrition Strategies, *or for more heart-healthy information, please contact the Michigan Beef Industry Commission. This piece opens into a poster and suggests a number of painless steps you can take to achieve better health.*

BEEF

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	Angel G. Dizon, MD	IM	222
	Leonides A. Dizon, MD	GS	222
	Parviz Djariri, MD	PD	222
	Andrea Dlesk, MD	RHU	134
*	David H. Doan, MD	IM	102
*	Cara G. Doane, MD	D	218
	Clifford L. Doane, MD	PD	126
*	David J. Dobbie, MD	IM	106
*	James G. Dobbins, MD	FP	034
*	Thomas M. Dobbins, MD	FP	034
	William H. Dobbins, MD	FP	034
*	Dennis W. Dobritt, DO	AN	174

Alphabetical Listing of MSMS Members

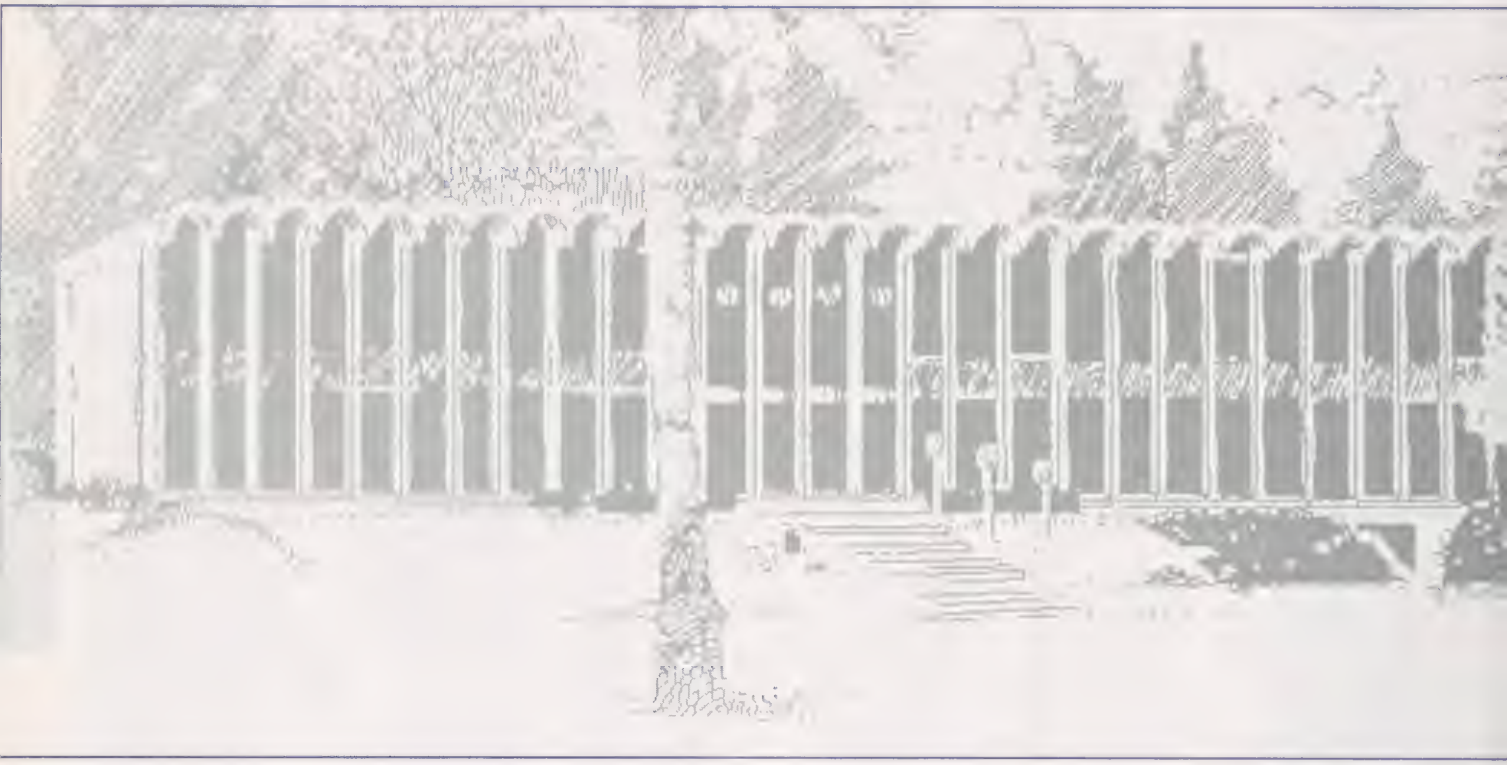
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	John Dobson, MD	R	062
*	Allan E. Dobzyniak, MD	IM	222
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	Julie A. Dodds, MD	ORS	090
*	William G. Dodds, MD	OBG	106
*	Lowell L. Dodge, MD	PD	174
*	Forest D. Dodrill, MD	CDS	222
*	William D. Doebler, MD	PS	186
*	Harry L. Doerr, MD	OBG	174
*	Edward R. Doezema, MD	PD	218
	Kurt O. Doggwiler, MD, PHD	R	222
*	Jeffrey R. Dokter, MD	EM	190
	Edward A. Dolan, MD	R	222
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*	Harold T. Donahue, MD	FP	210
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*	Lionel E. Dorfman, MD	U	034
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*	Stanley A. Dorfman, MD	OBG	174
▪	Jack Dorman, MD	P	222
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*	Richard P. Dorr, MD	U	218
*	Edward C. Dorsey, MD	P	222
*	John M. Dorsey, MD	PD	174
*	Michael J. Dorsey, MD	AN	218
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	Usha L. Doshi, MD	PD	222
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	Gordon O. Downey, MD	OBG	106
*	Thomas F. Downham, II, MD	D	222
	D. Dean Downs, MD	AN	106
*	Joan M. Downs, MD	PD	106
	Paul A. Dowsett, MD	AN	102
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	Donald C. Doyle, MD	FP	102
*	Jennifer A. Doyle, MD	GPM	218
*	John J. Doyle, MD	FP	062
*	Michael S. Doyle, MD	IM	222
*	Silva L. Doyle, MD	PD	062
*	Thomas J. Doyle, MD	ON	222
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*	Peter Drenchko, MD	OBG	126
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*	David M. Dunn, MD	PM	062
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*	Thomas C. Dunne, MD	N	102
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*	Gerben Dykstra, MD	PDS	106
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*	David B. Edgar, MD	IM	106
*	Curtis D. Edholm, MD	ORS	106
*	John H. Edlund, MD	RO	106
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*	Ralph R. Edminster, MD	PTH	090
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*	William P. Edmunds, MD	GP	218
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*	Kenneth J. Edwards, MD	ORS	026
*	Melvin L. Edwards, MD	IM	218
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	Robert J. Edwards		222
	Chandra M. Edwin, MD	PD	222
	Samuel J. Edwin, MD	OBG	222
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*	Ronald D. Egedahl, MD	OM	154
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*	John C. Eggenberger, MD	GS	222
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* Michael S. Eichenhorn, MD	IM	222
Thos N. Eickhorst, MD	GS	062
* Michael H. Eidelman, MD	IM	222
* Lawrence Eilender, MD	N	222
Anne Eisen, MD	P	218
Andrew C. Eisenberg, MD	IM	218
* Bruce M. Eisenberg, MD	IM	222
James P. Eisenberg, Ph.D, MD	R	138
* Joel D. Eisenberg, MD	CD	090
* L. W. Eisenberg, MD	IM	222
* A. Bradley Eisenbrey, MD	PTH	222
* Douglas D. Eitzman, MD	OBG	062
Israel B. Eizyk, MD		062
Mohamed H. El-Fouly, MD	PD	218
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Rosalinda A. Elazegui, MD	PD	190
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* Herman C. Eldersveld, MD	OBG	106
* Karen L. Eldevick, MD	FP	134
* Ragaa S. Eldin, MD	OBG	222
* Edward F. Eldredge, MD	GS	222
* Michael J. Eldredge, MD	PD	070
Mahmoud Elghoroury, MD	PD	062
* Jamie Eliades		222
* Stanton B. Elias, MD	N	222
Jean C. Elie, MD	U	222
* Johan W. Eliot, MD	PD	218
Sydney A. Elk, MD	R	095
A. C. Elkins, Jr., MD	PD	218
* Mitchell Elkiss, DO	N	174
* Robert M. Elkus, MD	GS	222
Robin L. Elkus, MD	IM	174
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Elmer P. Ellias, MD	GS	126
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* Kristin K. Elliott, MD	FP	134
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E. F. Etcubanez, MD	PTH	022
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* Robert A. Fabi, MD	NS	102
Alena Fabian, MD	AN	090
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* Ali A. Fadel, MD	PD	222
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* M. Hasan Fakih, MD	OBG	190
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Jose A. Fernandez, MD	PD	062
Miriam Fernandez, MD	DR	062
* Oscar U. Fernando, MD	NS	174
* Louis G. Ferrand, MD	GP	106
* Richard J. Ferrara, Jr, MD	D	222
Richard J. Ferrara, Sr, MD	D	222
* Virginia M. Ferrara, MD	GP	222
* Afonso C. Ferreira, MD	IM	210
* Jerry Ferrell, MD	FP	154
Feliciano N. Ferrer, MD	IM	222

Alphabetical Listing of MSMS Members

** Asterisk beside name denotes AMA membership*

* Marcolino Ferretti		090
Alfredo G. Ferreyra, MD	IM	174
George N. Ferris, MD	OBG	222
M. Scott Ferris, MD	OM	218
* Philip J. Ferrone, MD	OPH	174
Steven J. Ferrucci, MD	OBG	126
Marion S. Ferszt, MD	GS	222
* Steven G. Fettinger, MD	OBG	190
Mark S. Fettman, MD	P	218
* Bruce B. Feyz, MD	CD	158
* Donald C. Fiander, MD	OPH	222
* Krikor Ficici, MD	PD	174
Jack A. Fiebing, MD	AN	070
* Jonathon R. Fiebing, MD	AN	070
* Justus Fiechtner, MD	RHU	090
* E. Malcolm Field, MD	NS	190
Lynn E. Field, MD	FP	014
Paul C. Field, MD	DR	186
* Stephen I. Field, MD	D	126
* Dozier N. Fields, MD	GP	154
Marvin D. Fields, MD	FP	098
* Richard A. Fields, MD	OBG	222
Enrique E. Fierens, MD	IM	106
Paul J. Fierke, MD, MD	GS	102
* George L. Figacz, MD	DR	222
* David M. Figg, MD	GS	106
* Leo S. Figiel, MD	DR	222
Steven J. Figiel, MD	R	222
Felipe B. Figuracion, MD	AN	214
Luisa Fijman-Perez, MD	PTH	174
* Orlando A. Filos, MD	IM	062
* Duward L. Finch, MD	GP	034
Jay S. Finch, MD	AN	218
* Thomas E. Finch, MD	OBG	070
Jerome H. Finck, MD	PD	222
* Edward Fine, MD	P	222
Gerald C. Fine, MD	PTH	222
* Richard S. Fine, MD	IM	222
* John E. Finger, MD	PTH	190
* John H. Finger, MD	DR	222
* Burton M. Fink, MD	U	090
* Daniel L. Fink, MD	GP	222
* John A. Fink, MD	OTO	222
* L. Jerome Fink, MD	P	170
* Samuel R. Fink, MD	R	174
* Jerome H. Finkel, MD	IM	126
* Donald D. Finlayson, MD	FP	042
* Jeffrey M. Finn, MD	IM	174
Jerald T. Finnegan, MD	PD	102
* Curtis J. Finney, MD	OBG	106
* Max A. Finton, MD	OPH	070
Robert E. Finton, MD	GS	098
Nathan S. Firestone, MD	PD	174
S. Jane Firestone, MD	IM	074
* C. Peter Fischer, MD	U	218
* Carlton R. Fischer, MD	TS	218
Elizabeth Fischer, MD	GP	170
* Hans H. Fischer, MD	GS	095
* John C. Fischer, MD	CD	218
* Laura M. Fischer		222
Jeffrey S. Fischgrund, MD	ORS	174
William A. Fishbeck, MD	FP	070
Cynthia L. Fisher, MD	FP	174
James M. Fisher, MD	PD	222
Kenneth A. Fisher, MD	IM	102
* Robert J. Fisher, MD	FP	218
* Stephen E. Fisher, MD	PS	162
Gordon R. Fishman, MD	OPH	174
* Jefrey A. Fishman, MD	PS	174
* Robert A. Fishman, MD	OTO	222
Donald N. Fitch, MD	FP	050
Ralph L. Fitts, MD	IM	106
* Edmond W. Fitzgerald, MD	IM	194
* Erwin L. Fitzgerald, MD	FP	106
* Gregory B. Fitzgerald		222
* Kevin E. Fitzgerald, MD	AN	106
* Robert H. Fitzgerald, Jr., MD	ORS	222
Frederick W. Fitzpatrick, MD	PD	222
* F J. Fitzsimmons, MD	OM	102
* Larry W. Fitzsimmons, MD	ORS	090
* Michael S. Fitzsimmons, MD	ORS	218
* Zdzislaw Fiutowski, MD	GP	222
* David P. Fivenson, MD	D	222
Donald M. Fix, MD	EM	186
* David G. Flagler, MD	N	102
Norman W. Flaherty, MD	OPH	222
* Thomas M. Flake, Jr., MD	GS	222
Richard A. Flanagan, MD	GS	218
* W. Rodney Flanary, MD	IM	106
* Morris A. Flaum, MD	HEM	218
Janet M. Fleck, MD	PTH	090
* Linval K. Fleetwood, MD	FP	062
* Larry E. Fleischmann, MD	PD	222
Maureen Fleming, MD	OBG	222
* Philip V. Fleming, MD	OBG	218
* Robert J. Fles, MD	IM	162
* Robert J. Fles, Jr., MD	DR	162
* Alfredo G. Fleurquin, MD	R	174
* James C. Flick, MD	FP	162
* Jonathan E. Fliegel, MD	PD	218
* Alan Fligiel, MD	D	222
* Michael J. Flohr, MD	OPH	018
James E. Flood, MD	FP	106
Mark E. Florek, MD	IM	174
Michael S. Florentine, MD	PDC	106
Milagros C. Flores, MD	IM	174
* Norma A. Flores, MD	R	158
* R. Michael Flores, MD	AN	222
* Thelma I. Flores, MD	FP	222
* Clyde R. Flory, MD	AI	090
* William S. Floyd, MD	OBG	174
John A. Fochtman, MD	OBG	102
* Thomas W. Fochtman, MD	FP	106
* Lawrence G. Foe, MD	FP	106
* Cassandra Foens, MD	RO	090
* Alfred W. Foerster, MD	IM	206
Arthur L. Foley, MD	NTR	090
* Hugh B. Foley, MD	PTH	098
* William J. Foley, III, MD	IM	106
Mark N. Folkening, MD	OS	186
* Leonard M. Folkers, MD	GP	090
William M. Follis, MD	GP	022
* John D. Folsom, MD	ORS	162
* Frederick W. Foltz, MD	OBG	190
* Jon S. Foltz, MD	GS	190
Kumudinie C. Fonseka, MD	IM	222
Shiang-Hui Foo, MD	IM	114
* Lawrence T. Foody, MD	N	106
* John V. Fopeano, MD	IM	102
* William J. A. Ford, MD	AN	206
* James G. Fordyce, MD	AI	222
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* Jeffrey D. Forman, MD	RO	222
* Saul Z. Forman, MD	P	174
* John M. Formolo, MD	IM	222
John M. Fornarotto, MD	OPH	226
Gordon R. Forrer, MD	P	222
* Maureen E. Forrest, MD	R	218
* James D. Forshee, MD	FP	062
David H. Forst, MD	CD	174
Kenneth J. Forster, MD	AN	190
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* David J. Forsythe, MD	P	034
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Silvio P. Fortino, MD	GP	090
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Gregory J. Forzley, MD	FP	106
* Robert J. Fosmoe, MD	R	102
* Michael B. Fossel, MD	EM	106
* Anthony J. Foster, MD	GS	106
Douglas L. Foster, MD	P	022
* Kendall W. Foster, Jr., MD	R	090
* Richard K. Foster, MD	IM	106
Charles W. Fountain, MD	P	222
Raymond L. Fowkes		218
* Marcia S. Fowler, MD	CDS	222
* Dan A. Fox, MD	OTO	162
* Mark R. Fox	R	102
Philip Fox, MD	P	106
Ralph M. Fox, MD	OPH	174
* Thomas A. Fox, MD	CRS	222
* William L. Fox, MD	OBG	014
* Winslow G. Fox, MD	FP	218
John P. Foxworthy, MD	PD	106
Michael L. Fozo, MD	AN	222
* Peter Fragatos, MD	NS	222
Allan D. Fraiberg, MD	R	174
* Elliott N. Fraiberg, MD	IM	174
* Paul L. Fraiberg, MD	FP	222
Marta V. Fraile		222
Robert J. France, MD	IM	222
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James M. Franck, MD	FP	066
* Pedro S. Franco, MD	IM	222
Rey A. Franco, MD	IM	095
Philip H. Frandsen, MD	GS	162
* Jeffrey H. Frank, MD	OBG	106
* Michael S. Frank, MD	D	174
* Robert N. Frank, MD	OPH	222
* Armin T. Franke, MD	IM	194
* Maurice Frankel, MD	GS	222
Andrew M. Franklin		090
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Roman Franklin, MD	IM	174
* Martha A. Frankowski, MD	N	126
* John D. Franks, MD	OBG	095
* Anne C. Frantz, MD	OBG	174
* Phillip Frantzis, MD	GS	098
* Nils A. Franzen, MD	GP	222
Reginald A. Frary, MD	OPH	158
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Anna Fraymovich, MD	PD	222
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Mark A. Fredrickson, MD	FP	106
Harry W. Free, MD	OBG	222
David L. Freedman, MD	FP	218
* Michael J. Freedman, MD	P	222
Daniel P. Freeman, MD	N	098
James R. Freeman, DO	FP	014
* Marshall C. Freeman		222
* Richard F. Freeman, MD	GS	222
* James A. Freer, MD	EM	174
Tosan A. Fregene, MD	IM	222
* Reed K. Freidinger, MD	IM	170
Duane T. Freier, MD	GS	102
* Morton L. Freier, MD	P	222
* Atis K. Freimanis, MD	R	090
* John E. Freitas, MD	IM	218
Arthur B. French, MD	IM	218
* Donald R. Frerichs, MD	IM	222
John W. Freud, MD	GP	158
* James L. Frey, MD	OPH	174
Janet L. Frey, MD	R	026
Ken Friar, MD	IM	070
Marc Frick, MD	FP	070
Yvonne M. Friday, MD	PD	222
Harold D. Friedl, MD	CRS	102
Alex S. Friedlaender, MD	A	174
Sidney Friedlaender, MD	AI	174
Joseph Friedlander, MD	OTO	222
Patrick H. Friedli, MD	FP	070
* David Friedman, MD	PM	222
Gerald A. Friedman, MD	IM	102
Herbert F. Friedman, MD	IM	126
Howard P. Friedman, MD	OS	174
* Leon Friedman, MD	CD	062
Morris E. Friedman, MD	GP	026
Neil A. Friedman, MD	PM	062
* Paul B. Friedman, MD	GS	222
* Phillip I. Friedman, MD	NS	174
* Vidor E. Friedman, MD	EM	090
* Melvin J. Frieswyk, MD	GP	186
Emanuel Frisch, MD	IM	222
* Faith B. Fritsch, DO	GP	090
* Timothy D. Fritz, MD	CD	106
Moses M. Frohlich, MD	P	218
* John G. Frohna, MD	IM	218
David Fromm, MD	GS	222
* Juan R. Frontera, MD	U	222
Donald S. Frost, MD	OBG	070
Lee S. Fruman, MD	FP	174
* David G. Fry, MD	DR	222
* J. William Fry, MD	FP	102
* Carl M. Frye, MD	FP	218
James H. Frye, MD	FP	154
Sanders A. Frye, MD	AN	170
* Faith D. Fuentes, MD	N	154
Erwin J. Fuerst, MD	GS	194
* Edward M. Fugate, MD	GS	162
Peter D. Fugazzi, MD	FP	090
* David J. Fugenschuh, MD	R	218
* Peter E. Fujiwara, MD	U	022
* George Fuksa, MD	ORS	090
* Samir F. Fuleihan, MD	AN	222
* Andrew A. Fulgenzi, MD	GP	126
Kathleen M. Fulgenzi, MD	FP	222
* William R. Fulgenzi, MD	ORS	222
Brent M. Fuller		222

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** Asterisk beside name denotes AMA membership*

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* Robert E. Fuller, MD	P	174
Gerald A. Fulton, MD	FP	062
* William B. Fuqua, MD	PTH	174
* Samina Furhad, MD	PD	222
* James W. Furlong, MD	PTH	174
Douglas A. Furman, MD	FP	170
* John A. Fushman, MD	OTO	174
Michael Fusillo, MD	P	010
* James A. Fuson, MD	GE	106
Leroy A. Futterer, MD	IM	130

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Emad A. Gabriel, MD	P	102
Fathy S. Gabriel, MD	AN	222
* Ramakrishnayya Gadam, MD	R	190
Joseph J. Gadbaw, MD	IM	222
* Kathleen A. Gadwood, MD	DR	102
David Z. Gadzinski, MD	FP	138
* Kathleen Gafarian, MD	DR	026
Mary E. Gaffney, DO	FP	222
* Willis G. Gaffney, MD	GS	094
* David P. Gage, MD	IM	190
J. Lia Gaggino, MD	PD	102
Carl A. Gagliardi, MD	PD	222
* Marjorie R. Gagliardi, MD	PD	222
* Raymond A. Gagliardi, MD	R	174
* Otto B. Gago, MD	CDS	218
* Robert J. Galacz, MD	AN	222
Mark V. Galan		222
T. H. Galantowicz, MD	OPH	222
* Zarina I. Galaria, MD	R	222
Alice I. Gale, MD	D	090
Gary E. Galens, MD	R	222
John C. Gall, MD	PD	218
* James P. Gallagher, MD	CD	222
* Michael Gallagher		090
* Vincent J. Gallant, MD	GS	222
* Elizabeth Gallegos, MD	IM	190
James O. Galles, MD	EM	026
Maurice M. Galliani, MD	AN	114
Harold L. Gallick, MD	GS	222
* James E. Galligan, MD	CHP	218
* Richard P. Gallucci, MD	AN	158
Richard R. Galpin, MD	PD	174
* Michael J. Galvin, MD	PD	162
* Michael L. Gambel, MD	FP	190
James Gamero, MD	R	222
* Adam E. Gamon, MD	IM	190
Balvant K. Ganatra, MD	GE	062
* Bhadrabala B. Ganatra, MD	N	062
Divyakant B. Gandhi, MD	GS	090
* Sabina M. Gandhi		222
* Orekonde Ganesh, MD	IM	174
* Sunilendu N. Ganguly, MD	CD	222
Godofredo G. Gannod, MD	GS	222
Cheryl K. Gannon, MD	PD	174
* Avison Gano, MD	AS	214
* Doreen L. Ganos, MD	PS	222
* Thomas Ganos, MD	FP	222
* Bruce M. Gans, MD	PM	222
* Jon M. Gans, MD	IM	106
* Robert I. Gans, MD	OPH	174
* Juan A. Ganum, MD	NEP	222
* Richard W. Ganzhorn, MD	ORS	042
* Navora Gapas-Cuison, MD	AN	162
Bhavani P. Garapati, MD	GS	174
Herand Garapetyan, MD	FP	046
* Almario M. Garaza, MD	P	102
Alberta A. Garbaccio, MD	IM	106
■ Frank W. Garber, MD	OPH	106
Frank W. Garber, Jr., MD	ORS	162
Lawrence O. Garber, MD	OBG	226
Max J. Garber, MD	PD	174
* Daniel X. Garcia, MD	ORS	034
Julio H. Garcia, MD	ATP	222
* Michael S. Garcia, MD	END	174
* Remigio Garcia, MD	CD	222
* Telesforo E. Garcia, MD	OBG	174
* James A. Gardner, MD	R	102
* Joe H. Gardner, MD	U	190
* Max L. Gardner, MD	P	222
* Robert E. Gardner, MD	FP	066
Susan L. Garetz, MD		218
Amit K. Garg, MD	IM	126
Surendra P. Garg, MD	IM	222
Louis B. Gariepy, MD	GS	222
* Vasudev R. Garlapaty, MD	OTO	222
* Thomas J. Garling, MD	OBG	102
* Ernesto A. Garma, MD	GS	226
Robert R. Garneau, MD	R	138
Scott A. Garner, MD	VS	062
Warren R. Garr, MD	FP	118
Bruce R. Garretson, MD	OPH	174
* John M. Garrett, MD	OPH	054
* Margarita M. Garriga, MD	IM	222
* Delmer E. Garrison, MD	FP	218
Linda E. Garrison, MD	PD	102
Robert E. Garrison, MD	FP	162
* Donald F. Garver, MD	ORS	222
G. Michael Garvin, MD	PD	106
* Laurie Gaspar, MD	RO	222
* H. Harvey Gass, MD	NS	222
* David L. Gaston, MD	N	222
* Mario D. Gatchalian, MD	AN	106
* Luisa J. Gatmaitan, MD	AN	222
* Richard C. Gause, MD	IM	174
* Marie G. Gauthier, MD	OTO	022
* Lakshmi Gavini, MD	OBG	174
* Vinaya K. Gavini, MD	PD	222
Hesham E. Gayar, MD	RO	062
Alex Gaynor, MD	FP	222
■ Gary R. Gazella, MD	FP	222
David E. Gearring, MD	AN	026
* Joyce M. Geary, MD	CD	190
■ Carl J. Gebuhr, MD	CD	162
Brian J. Gedeon		090
■ Timothy L. Geerlings, MD	OBG	186
Shobha S. Gehani, MD	PD	222
John R. Gehman, MD	FP	096
Norman F. Gehringer, MD	FP	174
Charles F. Gehrke, MD	IM	190
Douglas F. Geiger, MD	ORS	218
* Sharon K. Geimer		090
* Steven R. Geiringer, MD	PM	222
* Arthur F. Geis, MD	GS	102
James A. Geissler, MD	IM	106
* Mark S. Geissler, MD	PS	134
Edgar J. Geist, Jr., MD	FP	174
Philip D. Gelbach, MD	IM	222
* James W. Gell, MD	OBG	174
* Karyn E. Gell, MD	AI	106
* Leonard S. Gell, MD	AI	106
Marciano M. Gelladuga, MD	GP	126
Abraham Gellar, MD	IM	090
* Janos R. Gellert, MD	CD	102
* Michael B. Gellis, MD	PS	174
* James A. Gels, MD	IM	170
Lazaro Gelstein, MD	TS	174
Bradford C. Gelzayd, MD	GE	174
Eugene A. Gelzayd, MD	GE	174
■ Andrea D. Gelzer, MD	IM	078
Reed D. Gelzer, MD	FP	078
Joseph J. Gemmete, MD	R	222
Nelson E. Gencheff, DO	CD	134
Christopher M. Genco, MD	TS	190
* Anthony Gendreau		090
■ Elias G. Gennaoui, MD	OBG	222
Bruce J. Genovese, MD	CD	218
* Robert A. Genovese, MD	CD	154
* Michael J. Geoghegan, MD	ORS	222
* Lucas Georgandellis, MD	IM	126
* Alma R. George, MD	GS	222
* Atif M. George, MD	IM	174
Harry C. George, MD	OBG	090
Kristopher M. George		222
Mumtaz J. George, MD	IM	174
* Thomas M. George, MD	AN	102
Tobias V. George, MD	OPH	222
■ Pamela A. Georgeson, DO	PD	222
* Steve G. Georgiou, MD	IM	126
■ Jeffrey F. Gephart, MD	ID	134
* Chandra M. Gera, MD	IM	090
■ John A. Geralt, MD	EM	174
■ Donald G. Gerard, MD	FP	106
* Roy J. Gerard, MD	FP	090
■ V. Geravipoolvorn, MD	RHU	126
* Larry J. Gerbens, MD	OPH	106
* George R. Gerber, MD	OBG	174
Richard M. Gerber, MD	IM	126
* Leo P. Gerhardstein, MD	OBG	174
* Paul F. Gerigk, MD	GP	218
Robert A. Gerisch, MD	CD	222
Christopher F. Gerling, MD	EM	126
Norbert P. Gerondale, MD	IM	162
* David L. Gerstner, MD	ORS	102
Richard M. Gerstner, MD	OBG	102
* P. Kevin Gerth, MD	ORS	166
Steven N. Gervae, MD	GP	182
Irfan S. Gervin, MD	IM	074
* Owen J. Gesink, MD	R	186
Aaron P. Gewanter, MD	PTH	218
Timothy M. Gezon, MD	EM	186
Mohammad Ghaemi, MD	D	174
Georges B. Ghafari, MD	IM	222
Prem C. Ghai, MD	IM	158
* Burjor D. Ghandhi, MD	IM	222
George B. Ghanem, MD	CD	222
* Rasem D. Ghannam, MD	A	090
* Anthony C. Gholz, MD	PD	194
Amitava Ghosh, MD	CDS	096
Priyabrata Ghosh, MD	U	222
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* John G. Ghuneim, MD	IM	218
Anwar H. Ghuznavi, MD	IM	222
Sultana R. Ghuznavi, MD	PD	222
* Michael J. Giacalone, Jr., MD	IM	062
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* Dennis S. Giannini, MD	PM	222
James J. Gibbons, MD	GS	062
Carl N. Gibson, MD	IM	062
* Cheryl D. Gibson, MD	OBG	222
George W. Gibson, DO	OBG	222
James D. Gibson, MD	FP	106
Peter Gibson, MD	PDS	222
* Richard E. Gibson, MD	GP	102
* Robert D. Gibson, MD	EM	122
* Robert E. L. Gibson, MD	GP	122
* Ronald C. Gibson, MD	IM	030
Scott C. Gibson, MD	EM	102
* Larry Gideon, MD	FP	194
Douglas H. Giese, MD	ORS	162
* Philip C. Giesen, MD	PTH	102
* E. Paul Gieser, MD	OPH	034
* Paul E. Gietzen, MD	IM	114
* Thomas H. Gietzen, MD	GE	170
William P. Gifford, MD	FP	090
* Jack D. Gift, MD	R	098
* Thomas A. Gignac, MD	IM	126
* Paul W. Gikas, MD	PTH	218
* David H. Gilbert, MD	GS	082
James D. Gilbert, MD	ORS	102
Michael D. Gilbert, MD	PD	174
Norma Gilbert, MD	FP	178
* Stuart R. Gildenberg, MD	D	126
* Conrad L. Giles, MD	OPH	222
James N. Gilham, DO	OBG	194
* William C. Gilkey, MD	OBG	114
* Gary D. Gillespie, MD	FP	090
Frederick S. Gillett, MD	GS	106
* Ward R. Gillett, MD	U	070
* Robert M. Gillies, MD	RO	106
* Richard Gilmartin, MD	EM	114
Benn Gilmore, MD	OTO	222
* James L. Gilreath, MD	IM	222
Rodney P. Gilreath, MD	FP	222
* James R. Gilsdorf, MD	GS	218
Bruce M. Gimbel, MD	P	218
Albino F. Gimenez, MD	GS	222
* David A. Ginnebaugh, MD	FP	126
* Kenneth A. Ginsberg, MD	REN	222
* Mark E. Ginther, MD	IM	222
* Paul L. Ginther, MD	PTH	190
Sam J Giovannucci, MD	IM	106
Alvaro A. Giraldo-Gomez, MD	PTH	222
* Richard Girardi, DO	GS	114
* John G. Girardot, MD	GS	034
Sity M. Girgis, MD	U	210
■ Kenneth W. Gitlin, MD	ORS	174
Waldemar E. Gizynski, MD	OBG	222
* Sandra B. Gladding, MD	GS	106
* Geoffrey J. Gladstone, MD	OPH	174
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* John L. Glover, MD	GS	174
John R. Glover, Sr., MD	ORS	222
Ben F. Glowacki, MD	OPH	222
Raymond M. Glowacki, MD	D	222
* Stefan J. Glowacki, MD	ORS	126
Joseph M. Gluski, MD	P	174
Jeanette J. Gluszewski, MD	PM	222
* Adrian T. S. Go, MD	IM	222
Julian Go, MD	GS	194
Robert O. Go, MD	IM	174
Teresita Go, MD	IM	050
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Henri Godbold		222
* Mark A. Goddard, MD	DR	222
* Alegro J. Godley, MD	IM	222
* Elmer A. Goerke, MD	GP	222
Dorothy M. Goerner, MD	PH	174
* Bruce D. Goethe, MD	DR	102
* Mark J. Goethe, MD	ORS	154
* Roy M. Goethe, MD	PD	154
* Rudolf Goetz, MD	OBG	062
* Neal W. Gogan, MD	EM	034
Narendra D. Gohel, MD	GS	126
Nurettin B. Gokcora, MD	IM	174
Ben L. Gold, MD	A	218
Alan P. Goldberg, MD	IM	062
Darryl T. Goldberg, MD	OPH	174
Howard S. Goldberg, MD	IM	174
* Salomea Goldberg, MD	P	106
* Scot F. Goldberg, MD	IM	126
* Daniel Goldberger, MD	FP	102
* Robert Goldberger, MD	AN	106
Evelyn V. Golden, MD	PH	062
John T. Golden, MD	IM	222
* Theodore A. Golden, MD	D	126
* Michael T. Goldfarb, MD	D	222
* Robert S. Goldfarb, MD	OBG	174
Richard H. Goldfine, MD	OBG	174
* Aubrey Goldman, MD	IM	222
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Alan D. Goldsmith, MD	OBG	222
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* Allan J. Goldstein, MD	OTO	034
William S. Goldstein, MD	OPH	126
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* Arthur L. Golin, MD	U	162
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Millard R. Golusin, MD	OBG	174
* Arvinda R. Golwala, MD	AN	222
* Ramanlal M. Golwala, MD	GS	222
* Richard J. Golz, MD	PD	162
Jorge Gomez, MD	PS	090
Edward Gomez-Seoane, MD	IM	062
Silvia T. Gomez-Seoane, MD	IM	062
Romuald H. Gomley, MD	R	222
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* Roger L. Gonda, Jr., MD	R	174
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* Charles O. Gonik, MD	OBG	174
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* Haribabu N. Gontina, MD	GS	174
Dale A. Gonzales, MD	AN	174
* E. Gonzales-Ruiz, MD	IM	094
* Alfonso Gonzalez, MD	PTH	010
* Jose A. Gonzalez, MD	U	174
Luis A. Gonzalez, MD	OBG	090
* Rafael M. Gonzalez, MD	P	174
* Raymond L. Gonzalez, MD	AI	106
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C. Robert Good, MD	FP	106
* Don A. Good, MD	OBG	070
* Robin I. Goodfellow, MD	GS	030
* Floyd G. Goodman, MD	ORS	090
* Gary R. Goodman, MD	CDS	222
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* Clayton H. Gordon, MD	GS	174
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* J. Gwendolyn Gordon, MD	PD	222
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* Stuart C. Gordon, MD	IM	174
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* William H. Gordon, MD	TS	174
Martin J. Gorelick, MD	FP	222
* Jay M. Gorell, MD	N	222
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* Saul S. Gorne, MD	FP	062
Kerry L. Gorsuch, MD	OBG	106
* Stephen V. Goryl, MD	OM	222
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John R. Gosling, MD	IM	114
* Samuel B. Goss, MD	GP	222
* Ved V. Gossain, MD	IM	090
* Mark L. Gostine, MD	AN	106
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* Steven L. Gotlib, MD	P	218
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* Narsimha R. Gottam, MD	CD	222
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* Salah E. A. Gouda, MD	GP	222
* Joseph G. Gough, MD	PM	174
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* Montie R. Gould, MD	IM	034
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* J. Richard Goulet, MD	PA	218
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* Sachi U. Gowda, MD	ID	174
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* Ravindra N. Goyal, MD	NS	022
* Gregory L. Goyert, MD	OBG	222
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* John G. Graham, MD	IM	222
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* Yon Graham, MD	FP	102
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* Robert J. Granadier, MD	OPH	174
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* Alex J. Green, MD	PTH	174
Barbara G. Green, MD	OBG	026
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* Henry L. Green, MD	IM	222
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* Milton M. Green, MD	ORS	222
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* James M. Greenwood, MD	GP	022
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* Jonathan M. Gregory, MD	CD	070
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* Frederick C. Greiling, MD	CHP	194
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* David C. Grellman, MD	FP	026
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* David S. Grey, MD	OPH	174
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* Ernest P. Griffin, Jr., MD	R	062
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* S. Phillip Grillo, MD	GP	218
* Michael F. Grimm, MD	CD	090
* Oliver D. Grin, MD	NS	106
Emerich Grinbaum, MD	FP	062
Joan M. Griner, MD	D	174
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* Kenneth J. Gritter, MD	DR	106
Sylvia Griva-Lizlovs, MD	PD	222
* Mary Ann Grobbel, MD	PTH	106
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* Julie A. Gronek		090
* Frederick J. Grose, MD	FP	174
* Leslie D. Grosinger, MD	OPH	174
* Eric J. Groskind, MD	DR	222
Kathleen Gross, MD	P	026
* Martin L. Gross, MD	DR	222
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* Nathan L. Gross, MD	PM	174
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*	James M. Grost, MD	FP	090
	Glenn R. Groustra, MD	P	218
	J. Robert Grove, MD	IM	106
*	James H. Grove, MD	R	026
	Hugh L. Grover, DO	GP	062
	Francis A. Grubelich, MD	IM	102
*	Michael E. Gruber, MD	IM	022
	Walter J. Gruber, MD	IM	154
	James M. Grubka, DDS		034
*	Paul G. Gruca, MD	FP	074
*	James C. Gruenberg, MD	GS	190
*	R A. Gruesen, Jr., MD	GS	050
*	Lynn M. Grund		090
*	Alan B. Gruskin, MD	PD	222
	Ellen K. Gryniewicz, MD	FP	218
*	Bernard C. Grysen, MD	EM	090
	Lovell I. Guanco, MD	P	126
	Vincent T. Guarnaccia, MD	GS	090
*	Rao V. C. Gudipati, MD	IM	190
*	Suhasini Gudipati, MD	IM	190
*	Frederick C. Guenther, MD	OBG	142
*	Manoucher Gueramy, MD	NS	154
	Levi L. Guerrero, MD	PTH	202
*	Omar Guevara, MD	IM	222
*	Walter Guevara, MD	P	126
	Nicanor M. Guevarra, MD	IM	126
	George J. Gugino, MD	FP	190
*	Hernan L. Guiang, MD	IM	162
*	Charles A. Guidot, MD	DR	190
	James A. Guigelaar, MD	IM	022
*	Robert A. Guild, DO	AN	094
	Peregrino A. Guillen, MD	AN	194
*	Sami F. Guindi, MD	OBG	222
	Janet T. Guisinger, MD	FP	190
*	Rajesh C. Gulati, MD	IM	222
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*	Arthur W. Gulick, MD	D	218
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	Ramabrahman Gullapalli, MD	AN	174
*	Edwin H. Gullekson, MD	FP	062
	Kenneth B. Gum, MD	OPH	070
	Charles R. Gumpper, MD	FP	062
	Paul T. Gunderson, MD	PD	130
*	Sivaji Gundlapalli, MD	IM	194
*	James A. Gunn, MD	R	106
*	Robert E. Gunning, MD	U	106
*	Amorita A. Guno		222
	Nestor M. Guno, MD	GS	150
	Anil Gupta, MD	GE	222
	Arun Gupta, MD	FP	158
*	Ashish Gupta		222
*	Ashok K. Gupta, MD	IM	174
	Ashok K. Gupta, MD	IM	090
	Bal K. Gupta, MD	P	222
	Krishna K. Gupta, MD	P	174
	Madan Lal Gupta, MD	PD	222
	Monesha Gupta, MD	PD	062
*	Narsingh D. Gupta, MD	IM	222
*	Pratap C. Gupta, MD	N	134
*	Raj Kumar Gupta, MD	PS	222
*	Satish K. Gupta, MD	AI	090
	Sham L. Gupta, MD	GS	222
	Subhash C. Gupta, MD	AN	090
	Suresh C. Gupta, MD	IM	062
*	Veena O. Gupta, MD	PM	174
	Barbara Gurden, DO	GS	034
	Elizabeth A. Gurden, MD	GP	206
*	Gary G. Gurden, MD	N	162
*	Teresa L. Gurin, MD	PM	174
*	Feridun M. Gurol, MD	FP	174
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*	Thomas P. Gushurst, MD	GE	102
*	David C. Gustafson, MD	OBG	174
*	Eric K. Gustafson, MD	FP	106
*	Margaret E. Gustafson, MD	OBG	138
	Murali Guthikonda, MD	NS	222
	Miguel R. Gutierrez, MD	CD	222
	Benjamin R. Gutow, MD	A	222
	Julius J. Gutow, MD	FP	062
*	Eric R. Gutscher, MD	IM	062
*	Charles A. Guy, MD	OBG	222
*	Dan G. Guyer, MD	P	126
	Anne M. Guyot, MD	N	222
*	Daniel R. Guyot, MD	R	222
	Brian V. Guz, MD	U	222
*	Belen C. Guzman, MD	PD	222
*	Henry V. Guzzo, MD	GP	038
	Kenneth L. Gwinn, MD	OTO	126
	Charles J. Gwizdala, MD	PUD	070
*	Gail D. Gwizdala, MD	IM	070

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	Bradley Haas, MD	IM	174
*	Erwin J. Haas, MD	IM	106
*	Gabriel P. Haas, MD	U	222
	Michael Haas, MD	FP	222
*	Adnan R. Habbal, MD	R	222
*	Darko M. Habekovic, MD	OBG	222
*	Herald A. Habenicht, MD	AI	026
	Hilda A. Habenicht, MD	FP	098
*	Halim D. Haber, MD	AN	222
*	Charles R. Haberlein, MD	OBG	070
	Eyassu Habte-Gabr, MD	IM	062
	Thomas L. Hackett, MD	GP	098
	Richard D. Hackley, MD	GP	062
	Benjamin F. Haddad, MD	NS	222
*	Daniel S. Haddad, MD	OPH	222
*	Elias D. Haddad, MD	IM	222
*	Georges K. Haddad, MD	CDS	222
*	Inad Haddad, MD	IM	114
*	Jiries T. Haddad, MD	PD	222
	John W. Haddad, MD	AN	222
	Shaker H. Haddad, MD	PD	222
*	Douglass A. Haddock, MD	FP	102
*	Steven P. Hadesman, MD	IM	222
	Ali Hadj-Sawaf, MD	U	050
	William Haeck, MD	GS	106
*	Leslie P. Haefele, MD	GP	222
*	Carl R. Haeger, MD	IM	222
	Musa S. Haffajee, MD	PS	062
	Robert C. Hafford, MD	IM	022
*	Robert K. Hafford, MD	FP	022
*	Richard S. Hagelberg, MD	GS	170
*	Nancy L. Hager, MD	P	010
	Herbert H. Hagermoser, MD	OBG	222
*	Michelle Hages, MD	P	222
	F. Howard Hague, MD	GP	042
	Gilbert W. Hague, MD	AN	174
	Myung H. Hahn, MD	IM	090
*	Otto H. Hahne, MD	PH	126
	Mahmood A. Hai, MD	U	222
*	Marc G. Haidle, MD	R	106
*	Owen G. Haig, MD	IM	218
	Arthur S. Haight, MD	AN	098
*	Mark H. Haimann, MD	OPH	174
*	Ellen R. Haines, MD	GP	222
*	Philip C. Haines, MD	CHP	106
*	Ahmad Hakemi, MD	IM	095
*	Mohamad Hakim, MD	GS	222
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*	Mehdi Hakimi-Naini, MD	TS	222
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*	Fremont D. Halboth, MD	FP	062
	William A. Haley, MD	FP	222
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*	Arch H. Hall, MD	R	222
*	James K. Hall, MD	FP	074
	James R. Hall, MD	ATP	150
*	Jeffrey M. Hall, MD	GS	222
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*	John W. Hall, MD	U	170
*	Lawrence R. Hall, MD	FP	186
*	Maurice A. Hall, MD	OPH	222
*	Richard H. Hall, MD	ORS	222
*	Robert M. Hall, MD	U	070
*	Robert M. Hall, MD	DR	106
*	Thomas C. Hall, MD	U	070
*	Leonard J. Hallen, MD	IM	222
*	Kurt A. Haller, MD	OPH	102
	Victor L. Halmaghi, MD	OBG	174
*	Andrew J. Halperin, MD	OBG	174
*	Alan A. Halpern, MD	ORS	102
*	Yale P. Halpern, MD	IM	222
*	Michael P. Halpin, MD	TS	102
	David L. Halsey, MD	IM	098
*	Lee H. Halsted, MD	GP	174
*	Harold C. Halvorson, MD	OBG	102
	David Hamacher, MD	OBG	050
*	Alfred Hamady, MD	PD	034
	Naseeh B. Hamameh, MD	PD	222
*	Samir I. Hamati, MD	OBG	162
*	Yousif I. Hamati, MD	ORS	162
*	George J. Hambalgo, MD	IM	174
	Steven J. Hamberg, MD	IM	186
	Jodi Hamblin, MD	FP	094
*	Debra J. Hamburg, MD	GS	150
	Joel I. Hamburger, MD	IM	174
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	Stuart W. Hamburger, MD	GS	174
*	Albert C. Hamburgera, MD	IM	222
*	Herbert E. Hamel, MD	GP	042
	Loren B. Hamel, MD	FP	026
	Lowell G. Hamel, MD	FP	026
*	Malcolm R. Hamilton, MD	OBG	102
*	Mark S. Hamilton, MD	FP	194
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*	David D. Hamm, MD	RHU	106
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*	Kuno Hammerberg, MD	GP	096
*	Henry P. Hammersmith, MD	EM	106
*	Carl F. Hammerstrom, MD	IM	134
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*	Dennis C. Hammond, MD	PS	106
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*	Arthur K. Hamp, MD	IM	106
*	Melissa Hamp, MD	PD	062
*	William B. Hampton, MD	IM	042
*	Laird E. Hamstra, MD	IM	106
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*	J. Brian Hancock, MD	EM	190
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*	Lawrence H. Handelsman, MD	PM	218
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*	Merle B. Haney, MD	GP	110
*	Lamar J. Hankamp, MD	R	218
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*	Fred M. Hankin, MD	ORS	218
*	Andrew J. Hankins, MD	DR	222
*	Timothy B. Hanley, MD	OPH	070
	William J. Hanley, MD	OPH	162
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*	Magdy M. Hanna, MD	OBG	222
*	Nemer E. Hanna, MD	IM	174
*	John B. Hannah, MD	GP	206
*	Bijaya A. Hans, MD	DR	126
*	Sachinder S. Hans, MD	CDS	126
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	Raymond F. Hansen, MD	IM	090
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*	Sherri Hansen-Grant, MD	P	218
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*	Eric C. Hanson, MD	TS	222
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*	Ihsan U. Haq, MD	IM	158
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*	Shamsul M. Haque, MD	P	174
*	Michael R. Harbut, MD	OM	222
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*	Mary Beth Hardwicke, MD	IM	222
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*	Steven D. Harrington, MD	CDS	222
	Angela Harris, MD	FP	062
	Anthony F. Harris, MD	IM	222
*	Clinton J. Harris, MD	IM	106
*	Daniel E. Harris, MD	DR	222
*	Donald R. Harris, MD	IM	062
*	Eric Harris		090
	George P. Harris, MD	R	190
*	Michael A. Harris, MD	IM	222
	Michael J. Harris, MD	U	070
	Muriel B. Harris, MD	P	222
*	Thomas D. Harris, MD	D	098
*	W. Richard Harris, MD	GP	162
	Donna J. Harrison, MD	OBG	026
	Mark S. Harrison, MD	ID	026
*	Robert W. Harrison, MD	CD	106
	William H. Harrison, MD	GP	090
	William A. Harrity, MD	GS	222
	Daniel R. Harro, MD	FP	106
*	Gordon R. Harrod, MD	FP	090
*	Mark W. Harrold, MD	U	090
*	Denis B. Hart, MD	D	218
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*	John V. Hartline, MD	NPM	102
*	Robert T. Hartman, MD	FP	218
*	John G. Hartmann, MD	OBG	106
*	Robert J. Hartquist, MD	GP	222
*	Earl R. Hartwig, MD	PD	222
*	Alan D. Hartz, MD	DR	062
*	Charlotte L. Hartzell, MD	OPH	174
*	John M. Hartzell, MD	GS	222
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*	Michael D. Hartzler, MD	GS	014
	Charles F. Harvey, MD	NS	222
*	John G. Harvey, MD	OS	162
*	Kenneth V. Harvey, MD	DR	222
	Monte L. Harvill, MD	R	222
	Edward L. Harwell, MD	R	086
*	Steven C. Harwood, MD	PM	218
	Abdul R. Hasan, MD	CD	174
*	Safiul F. Hasan, MD	IM	174
*	Syed M. Hasan, MD	U	095
*	Carl M. Hasegawa, MD	PTH	174
*	Ken Hashimoto, MD	D	222
	Daniel L. Hass, MD	AN	222
	Abdul A. Hassan, MD	GS	062
*	Ahmed A. Hassan, MD	GP	194
*	Fikria B. Hassan, MD	PD	062
*	Shawky A. Hassan, MD	PDA	062
*	Tarek S. Hassan, MD	OPH	174
	Tawfiq A. Hassan, MD	GS	222
*	Walter M. Hassig, MD	IM	222
	Walter W. Hassig, MD	FP	222
	William T. Hassig, MD	FP	222
*	Glen H. Hastings, MD	GS	026
*	Orville J. Hastings, MD	GP	222
*	Vladimir A. Haszczyc, MD	GS	222
*	Ghaleb F. Hatem, MD	OPH	222
*	Edward A. Hatt, MD	IM	186
*	Richard L. Hatton, MD	GP	090
*	Arun Hatwalkar, MD	IM	218
	Edward C. Haupt, MD	ORS	026
	Paul A. Haupt, DO	GP	146
	Ghassan Haurani, MD	VS	126
	Maurice J. Hauser, MD	OPH	222
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*	Thomas J. Haverbush, MD	ORS	074
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*	Abdelkader Al Hawasli, MD	GS	222
*	Carl W. Hawkins, MD	FP	042
*	Lawrence S. Hawkins, MD	FP	018
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*	Robert P. Hawkins, MD	PTH	174
	William N. Hawks, MD	OPH	218
*	Scott A. Hawley, MD	PD	194
	George C. Hawrot, MD	IM	222
	David B. Hawtof, MD	PS	174
*	Kent R. Hay, MD	AN	090
*	Marshall B. Hay, MD	R	106
*	Robert H. Hayashi, MD	OBG	218
	Mahmoud I. Haydar, MD	EM	062
*	Albert C. Hayes, Jr, MD	IM	222
	Allen L. Hayes, MD	OBG	222
	Leatha B. Hayes, DO	FP	190
	Louis F. Hayes, MD	OS	222
*	Maria F. Hayes, MD	END	222
	Oliver W. Hayes, DO	EM	090
*	Paul N. Hayes, MD	FP	054
*	Richard G. Hayes, MD	DR	222
*	James B. Hayner, MD	IM	118
	Eric R. Haynes, MD	AN	090
*	Michael B. Haynes, MD	ORS	174
*	Thomas L. Haynes, MD	FP	106
*	James D. Hays, MD	GP	186
	Daniel L. Hayward, MD	IM	026
*	Toby Hazan, MD	P	222
	Lawrence C. Hazen, DO	OPH	190
*	Ronald C. Hazen, MD	OBG	190
*	Roy S. Hazen, MD	OBG	222
*	Gregory L. Hazle, MD	FP	106
	Herbert J. Hazledine, MD	GS	194
	Anup Hazra		222
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	William C. Heath, MD	PD	222
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*	Lynn S. Hedeman, MD	NS	106
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*	Theophilus H. Heenan, MD	IM	222
*	Dale W. Heeres, MD	FP	162
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*	W. Gene Heeringa, MD	GE	106
*	James C. Heersink, MD	GS	102
*	H. Sidney Heersma, MD	PD	102
	D. R. Heetderks, Jr., MD	U	106
	Daniel D. Heffernan, MD	FP	218
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	Tadd A. Heft, DO	IM	010
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	Edward R. Heil, MD	OTO	174
	Paul D. Heilborn, MD	FP	098
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	Stuart C. Heimburger, MD	OBG	222
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*	James E. Heisel, MD	DR	222
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	William C. Heitsch, MD	OBG	110
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	Phyllis O. Helcher, MD	IM	062
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*	Robert D. Helferty, MD	OM	062
*	Kurt P. Helgerson, MD	FP	102
*	Todd L. Helle, MD	NS	162
*	Gordon N. Heller, MD	EM	162
*	Sharon R. Helmer, MD	R	222
*	Herbert O. Helmkamp, MD	GP	190
*	Christian Helmus, MD	OTO	106
*	Genevieve Helsom		090
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*	Ralph F. Helzerman, MD	FP	114
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*	Frederic C. Henderson, MD	IM	222
*	H. Richard Henderson, MD	IM	222
	Hugh W. Henderson, MD	CD	222
*	James E. Henderson, MD	OBG	174
*	John W. Henderson, MD	OPH	218
	Orzie Henderson, Jr., MD	EM	218
	Philip E. Henderson, MD	IM	106
	Vincent C. Henderson, MD	FP	026
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*	Alan K. Hendra, MD	GP	126
*	John C. Hendricks, MD	OPH	102
	John W. Hendrix, MD	OBG	102
	Robert C. Hendrix, MD	PTH	218
	Naira S. Henein, MD	FP	126
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	Robert G. Heneveld, MD	OTO	162
	B. Elmore E. Henig, MD	GS	150
	Barbara Henike, MD	P	126
*	Douglas J. Henke, MD	OBG	054
*	John A. Henke, MD	ORS	218
*	Jon R. Henke, MD	DR	106
*	Raymond S. Henkin, MD	IM	222
	William A. Henkin, MD	R	174
*	Alan T. Hennessey, MD	R	222
	Lawrence R. Hennessey, MD	IM	090
	Charles R. Hennessy, MD	GS	062
	Richard W. Hennig, Jr., DO	CD	062
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*	Charles R. Henry, MD	OTO	106
*	Elizabeth Henry		222
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*	Mark R. Henry, MD	FP	034
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	Osbie J. Herald, MD	EM	162
	Jon C. Herbener, MD	PD	078
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	Mildred L. Herkner, MD	CHP	070
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*	Harry N. Herkowitz, MD	ORS	174
*	Mary Herlihy, MD	FP	190
	James E. Herlocher, MD	TS	170
*	Edward L. Herman, MD	P	174
*	Eugene K. Herman, MD	IM	174
*	Gilbert E. Herman, MD	PTH	222
*	James G. Herman, MD	R	090
*	Jeffrey Herman, MD	DR	154
*	Mark A. Herman		222
	Sanford H. Herman, MD	EM	218
*	Ann E. Hern, MD	D	174
*	Gregorio V. Hernandez, MD	IM	102
	Miguel A. Hernandez, MD	ORS	222
*	Jose G. Hernandez-Reyes, MD	IM	222
	James J. Heron, MD	FP	134
*	Bradley C. Herpolsheimer		090
	Brent L. Herr, MD	FP	062
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*	Adelina W. Herrero, MD	IM	218
*	C. Clark Herrington, MD	GS	086
*	Kenneth B. Herrington, MD	IM	086
	David W. Hershey, MD	P	106
*	Noel J. Hershey, MD	IM	026
*	Stephen C. Hershey, MD	P	162
*	Arnold M. Herskovic, MD	R	222
*	Roger H. Hertz, MD	OBG	174
	Mark G. Hertzberg, MD	IM	174
	Jack H. Hertzler, MD	PDS	222
*	John T. Herwick, MD	IM	222
*	David A. Herz, MD	NS	106
*	Gary M. Herzler, MD	DR	190
*	Dennis A. Herzog, MD	D	134
	John E. Heslip, MD	IM	106
*	Philip C. Hessburg, MD	OPH	222
	Thomas P. Hessburg, MD	OPH	222
	D W. Hesselschwerdt, MD	AN	106
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	Tim A. Hestness, MD	AN	154
*	William M. Heston, III, MD	ORS	218
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	Yvonne Heyel, DO	FP	062

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* Marjorie J. Hickman, MD	IM	034
John M. Hickner, MD	FP	050
* Stephen A. Hickner, MD	OBG	106
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* Todd G. Hickox, DO	CD	154
Frederick G. Hicks, MD	GS	222
* Jeanne K. Hicks, MD	DR	062
* Michael Hicks	OBG	222
* Randy D. Hicks, MD	DR	062
* Samuel P. Hicks, MD	PTH	218
Sylvia I. Hicks-Fox, MD	PD	102
* Judith A. Hiemenga, MD	OBG	106
* Thomas F. Higby, MD	EM	118
* C. C. Higgins, MD	R	034
Martha J. Higgins, MD	P	222
* Stephen E. Higgins, MD	OPH	102
Curtis E. Hightower, MD	AN	034
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Jack W. Hill, MD	P	106
Karl E. Hill, MD	FP	082
* Kelly J. Hill, MD	FP	154
Kenneth C. Hill, MD	PD	138
Raymond D. Hill, MD	OBG	222
* Robert V. Hill, MD	EM	198
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* William E. Hill, MD	OBG	174
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Karen B. Himmel, MD	IM	042
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* David N. Hing, MD	PS	218
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Ernesto B. Hipolito, MD	FP	062
Indudhar S. Hiremath, MD	GS	102
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Samuel D. Hirsch, MD	PTH	218
* Neill S. Hirst, MD	N	218
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B. Rolf Hissom, Jr., MD	IM	162
* Cecelia F. Hissong, MD	FP	222
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* Russell H. Hjelmstad, MD	PTH	070
* Bohdan Hnatiuk, MD	OBG	222
George W. Hnatiuk, MD	IM	222
* Miroslaw W. Hnatiuk, MD	P	222
* Kenneth K. Ho, MD	IM	174
* Laurence Ho, MD	OTO	218
* Robert E. Ho, MD	NS	222
* Sampson W. Ho, MD	PM	106
* Sean J. Hoban, MD	FP	190
* Donald V. Hobbs, MD	OBG	222
* Douglas E. Hoch, MD	IM	162
Frederic L. Hoch, MD	OS	218
Jacques L. Hochglaube, MD	D	090
Leon A. Hochman, MD	OBG	174
Raymond L. Hockstad, MD	FP	050
Qamrul Hoda, MD	PD	174
* Abraham A. Hodari, MD	OBG	222
* Jagdish M. Hodarkar, MD	IM	222
* Rekha J. Hodarkar, MD	AN	222
Alicia S. Hodge		222
* Jason Hodges, MD	GP	222
* Ralph M. Hodges, MD	GP	102
* Charles P. Hodgkinson, MD	OBG	222
* Charles P. Hodgkinson, MD	OPH	106
Albert B. Hodgman, MD	GS	102
* Charles G. Hodgman, MD	DR	102
Richard E. Hodgman, MD	FP	150
* Richard W. Hodgman, MD	GS	102
Richard J. Hodgson, MD	IM	106
* Thomas W. Hodyl		222
* Ellen G. Hoeffner, MD	R	222
* Ronald A. Hoekman, MD	ORS	106
* Herman D. Hoeksema, MD	ORS	162
* Carolyn D. Hoekstra, MD	OBG	034
* Dale V. Hoekstra, MD	PDS	174
* George J. Hoekstra, MD	FP	102
* Philip J. Hoekstra, MD	NS	106
Philip T. Hoekstra, MD	U	106
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* Julian T. Hoff, MD	NS	218
David R. Hoffius, MD	FP	106
Ben G. Hoffman, MD	P	106
* Gwendolyn L. Hoffman, MD	EM	106
* Lawrence D. Hoffman, MD	OPH	174
* Louis Hoffman, MD	P	174
* Milton C. Hoffman, MD	TS	222
Patricia S. Hoffman, MD	FP	098
* Stanley L. Hoffman, MD	FP	118
* Thomas M. Hoffman, MD	PD	018
Martin F. Hoffmann, MD	FP	214
* Sandra J. Hoffmann, MD	IM	102
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Albertus J. Hoffs, MD	AN	106
Ronald M. Hofman, MD	PD	106
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Michael E. Holda, MD	ORS	118
* Thomas R. Holda, MD	IM	222
Benjamin B. Holder, MD	OM	154
* Frederick R. Holland, MD	OPH	222
Frederick R. Holland, MD	GP	154
* Jean M. Holland, MD	D	222
* Kurt J. Holland, MD	CD	218
Isabel B. Holland-Davis, MD	PD	174
* Jay B. Hollander, MD	U	174
Mitchell B. Hollander, MD	U	222
* Kevin M. Holleman, MD	FP	102
* John F. Hollenbach, MD	PS	106
Edward A. Hollenberg, MD	OPH	174
* Charles E. Hollerman, MD	PD	126
* David S. Hollett, MD	FP	174
Milton G. Holloway, MD	PD	062
* Melvin L. Hollowell, MD	U	222
Werner Hollstein, MD	FP	090
Leland E. Holly, II, MD	R	162
* Robert S. Holm, MD	PD	090
* Paul J. Holman		222
* C. Jeffrey Holmes, MD	FP	074
* Craig L. Holmes, MD	IM	162
George F. Holmes, MD	GP	222
James R. Holmes, MD	ORS	218
* Robert A. Holmes, MD	OTO	090
* Robert J. Holmes, MD	CD	174
Ryan M. Holmes		222
Charles J. Holt, MD	GS	222
Francis J. Holt, MD	OM	126
John F. Holt, MD	R	218
* Steven C. Holt, MD	OBG	106
Willard S. Holt, Jr., MD	AN	222
* Fred Holtz, MD	PTH	218
Todd K. Holtz, MD	GE	154
Harry L. Holwerda, MD	FP	106
Eugene A. Homeister, MD	GP	222
* Harold J. Hommerson, MD	PTH	106
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* Joseph C. Honet, MD	PM	222
* Richard E. Honicky, MD	PD	090
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Gary D. Hood, MD	IM	070
* James Hood, MD	IM	154
* James Derek Hood, MD	R	154
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Ronald P. Hoogmoed, MD	IM	106
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* Jonathan W. Hopkins, MD	NS	102
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Earl J. Horkins, MD	OBG	174
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William J. Hornbeck, MD	GS	162
* David J. Horning, MD	U	106
Cynthia A. Hornung		090
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* Harriette M. Horst, MD	GS	222
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James J. Horvath, MD	ORS	222
* Richard A. Horvitz, MD	CLP	106
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* Verne L. Hoshal, Jr., MD	GS	218
* A. Joseph Hoski, MD	ORS	126
Phillip A. Hoskins, MD	R	218
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M. Azmat Hossain, MD	IM	062
* Syed S. Hossain, MD	CDS	194
Gope C. Hotchandani, MD	GS	054
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* Linda S. Hotchkiss, MD	P	222
Scott A. Hotchkiss, MD	FP	170
* J Christopher Hough, MD	FP	154
* Joseph H. Hough, MD	FP	096
* Herman P. Houin, MD	PS	222
Joseph A. Houle, MD	PTH	014
Dean M. Hountras, MD	DR	158
* Michael R. Hourani, MD	IM	090
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Willard E. House, MD	OM	174
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* Marjorie E. Howard, MD	PD	174
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* Susan W. Howard, MD	FP	014
* Willard H. Howard, MD	GP	102
* William A. Howard, MD	IM	070
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Richard H. Howell, MD	FP	154
Sandra L. Howell, MD	GS	096
* Terry D. Howell, MD	IM	150
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Genevieve G. Howen, MD	PH	090
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John A. Howland, MD	IM	022
Walter L. Howland, MD	RHU	022
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Michael Hranchook, MD	OM	126
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* Linda L. Hryhorczuk, MD	CHP	222
James Hsu, MD	EM	070
* John J. Hsu, MD	P	174
Theresa H. Hsu, MD	PD	126
* Timothy M. Hsu, MD	P	218
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* Charles L. Huang, MD	GS	222
Ming H. Huang, MD	OBG	082
Joslyn M. Hubacher, DO	FP	138
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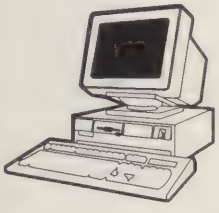
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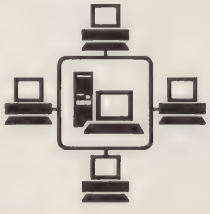


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E. Ray Hudspeth, MD	OBG	222
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Julius J. Huebner, MD	ORS	218
Cheryl L. Huey, MD	OPH	218
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Elston R. Huffman, MD	IM	134
Sue E. Huffstutter, MD	P	138
Henry R. Hug, MD	TS	190
Clare C. Huggett, MD	AN	090
* Sherri L. Huggett		090
* Calvin H. Hughes, MD	P	222
* Christopher W. Hughes, MD	IM	222
Estelle P. T. Hughes, MD	OPH	222
John C. Hughes, MD	HEM	190
* Michael G. Hughes, MD	NS	034
* Arthur L. Hughett, MD	P	222
Ralph A. Hugunin, MD	FP	062
Jeffery J. Huhn, MD	GS	066
* Philip B. Huizenga, MD	P	102
Pankaj C. Hukku, MD	IM	174
* Sharada S. Hulbanni, MD	PTH	222
* Shivappa V. Hulbanni, MD	GS	222
* Donald H. Huldin, MD	D	090
* Carol L. Hulett, MD	ORS	126
* Ralph M. Hulett, MD	PTH	218
Archie G. Hulick, MD	IM	222
* Franklin E. Hull, MD	CD	222
* Naseer Humayun, MD	PD	098
H. Ross Hume, MD	ORS	170
* Robert H. Hume, MD	GS	102
James J. Humes, MD	PTH	222
* Arthur R. Hummel, MD	OBG	222
* Herbert E. Humphrey, MD	GP	034
James C. Humphrey, MD	GS	106
* William C. Humphrey, MD	FP	134
* Gary N. Humphries, MD	IM	106
Yuh-Lin Hung, MD	PD	086
Maurice E. Hunt, MD	FP	022
Richard J. Hunt, MD	OM	062
* Alan F. Hunter, MD	TS	134
David Hunter		090
Marilyn R. Hunter, MD	PD	106
* John B. Huntington, MD	ORS	034
* Mark K. Huntington		090
* Thomas D. Huntington, MD	IM	026
Richard A. Huntley, MD	GP	178
* Nancy A. Hurchik-Munaco, MD	FP	174
Mary K. Hurd-Quinones		090
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* Michel R. Hurtubise, MD	ON	154
* Martin E. Hurwitz, MD	A	218
Akhter F. Husain, MD	P	106
Asim Husain, MD	P	222
* Mujtaba Husain, MD	PTH	222
* Syed L. Husain-Hamzavi, MD	D	174
* Sadiq S. Hussain, MD	VS	194
Faleh Husseini, MD	OBG	126
Jill R. Hutchings		222
* David A. Hutchins, MD	OBG	090
* M. Colton Hutchins, MD	IM	222
* Elizabeth A. Hutchinson, MD	D	090
F. Allen Hutchinson, MD	GS	106
* Robert M. Hutchman		222
Lenny J. Hutton, MD	OBG	174
Amanda M. Huver, DO	IM	106
Gene L. Hwang, MD	IM	026
* Kyu J. Hwang, MD	OBG	194
* Soo Y. Hwang, MD	AN	062
Tin-Chaw Hwang, MD	AN	218
* Yoo S. Hwang, MD	RO	102
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Thomas J. Hyde, DMD		190
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* Robert G. Hylland, MD	IM	162
* Samuel J. Hyman, MD	CD	218
* John W. Hysell, MD	PTH	154
* William T. Hyslop, MD	P	190
* Aliqemal Hysni, MD	GP	222
* Roman E. Hyszczak, MD	DR	026
Robert C. Hyzy, MD	PUD	222

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* Peter H. Iacobell, MD	GP	222
Claudio M. Iacobelli, MD	IM	126
* Davide Iacobelli, MD	D	126
* Michael Iacobellis, PhD, MD	FP	222
* Pasquale B. Iaderosa, MD	IM	126
Fikry F. Ibrahim, MD	IM	222
* Anne-Mare Ice, MD	PD	222
* Melonie S. Ice, MD	IM	106
Danilo H. Iglesias, MD	IM	126
Eli J. Igna, MD	OBG	222
* Charles N. Iknayan, MD	PTH	150
* Nestor B. Ilagan, MD	PD	222
Perlita P. Ilem, MD	AN	190
Luise Illuminati, MD	IM	222
* Sung G. Im, MD	GS	034
* Ala E. Imam, MD	IM	174
* Alexander Imas		222
Elizabeth W. Imeson, MD	FPG	090
Napoleon C. Imperio, MD	GS	222
* Eve Inchardi, MD	IM	102
* Samuel D. Indenbaum, MD	RHU	222
C. R. Indira, MD	IM	190
* Desiderio F. Ines, MD	N	106
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* Harry O. Ingberg, MD	PM	222
* George P. Inge, MD	P	222
* John A. Ingold, MD	GS	174
Todd V. Ingram, MD	FP	082
Charles N. Inniss, MD	PD	222
Filemon J. Inocencio, MD	GS	026
* Norma M. Inocencio, MD	PD	222
Susumu Inoue, MD	PHO	062
* Allan L. Ippolito, MD	VS	062
* Syed N. Iqbal, MD	PM	222
Zafar Iqbal, MD	GS	094
Teodorico S. Ira, MD	GS	102
* Edwin R. Irgens, MD	OTO	026
* Lawrence R. Irish, MD	R	062
* James R. Irwin, MD	OBG	106
* Jerry L. Irwin, MD	U	106
Ronald B. Irwin, MD	ORS	174
* William A. Irwin, MD	R	222
* Eli M. Isaacs, MD	OBG	126
* Fred W. Isaacs, Jr., MD	IM	090
* Jo D. Isaacson, MD	OPH	222
* Fathy F. Ishac, MD	P	222
* George H. Ishler, MD	PTH	102
* Elsa A. Isip, MD	GP	222
* Abul F. Islam, MD	IM	022
Ronald E. Isley, MD	IM	114
Ali Ismailoglu, MD	IM	034
Mehmet B. Ismailoglu, MD	IM	034
Kenneth Israel, MD	P	222
* Michael R. Israel, MD	GS	222
Robert N. Israel, MD	FP	098
Imad Issawi, MD	IM	062
* Faye F. Istanbooly, MD	CHP	154
* Saib Isterabadi, MD	TS	202
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Rosario Itchon, MD	PD	126
* Eric J. Ittner, MD	FP	134
* Martin J. Ittner, MD	FP	154
* Omero S. Iung, MD	GS	090
* Orestes D. Iung, MD	IM	062
* James E. Ives, MD	ORS	106
Mark J. Ivey, MD	PUD	186
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Muhammad A. Jabbar, MD	PD	062
* Mary Ellen Jachec, MD	IM	102
Doug Jackson, MD	FP	170
Douglas R. Jackson, MD	ORS	154
* Edward A. Jackson, MD	FP	190
Franklin R. Jackson, MD	GS	222
Ian T. Jackson, MD	PS	174
* James L. Jackson, MD	OPH	154
* Leroy T. Jackson, MD	IM	062
* M. David Jackson, MD	PM	222
* Nancy E. Jackson, MD	IM	222
* Philip J. Jackson, MD	PD	174
Richard A. Jackson, MD	AN	018
* Robert J. Jackson, MD	FP	222
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S. Sprigg Jacob, MD	PD	090
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* Howard Jacobs, MD	U	222
* James P. Jacobs, MD	OBG	102
* John R. Jacobs, MD	OTO	222
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* Manuel Jacobs, MD	OBG	126
* Randall S. Jacobs, MD	GE	174
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* Michael Jacoby, MD	DR	186
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* Walter W. Jacquemin, MD	EM	014
* James E. Jacques, MD	FP	095
Salam A. Jafar, MD	R	218
Jehad D. Jafari, MD	IM	190
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* Harold W. Jaffe, MD	PS	222
* Martin D. Jaffe, MD	IM	022
* Kamran S. Jafri		222
Mohammad S. Jafri, MD	IM	222
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* Balkrishna Jagdale, MD	ORS	222
Raymond J. Jaglowski, MD	FP	106
Nanette J. Jagnow, MD	PD	174
* Neil Jahan, MD	CD	222
Anil K. Jain, MD	P	222
Ashok B. Jain, MD	R	222
* Jitender K. Jain, MD	IM	222
Krishna M. Jain, MD	CDS	102
Ishmael A. Jaiyesimi, DO	ON	174
* Paul J. Jakubiak, MD	NS	090
* Ronald J. Jakubiak, MD	NS	090
* Michael S. Jakubowski, MD	PM	106
Syed M. Jalil, MD	GS	222
Aurelia D. Jamerson, MD	AN	222
* Hildegard T. Jamerson, MD	PD	070
* Allen James, Jr., MD	IM	222
Arthur R. James, MD	OBG	102
* Robert E. James, MD	FP	062
* Robert E. James, MD	PD	174
Thomas P. James, MD	R	174
* Fred M. Jameson, MD	IM	106
* Joseph C. Jameson, MD	GS	042
* Robert S. Jampel, MD	OPH	222
Marieta Jamsek-Tehlirian, MD	P	174
Anne M. Janca, MD	FP	062
* David H. Janda, MD	ORS	218
* Peter K. Janevski, MD	HSO	222
Peter A. Janick, MD	DR	090
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* David P. Jankowski, DO	AN	222
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* Farid Jano, MD	U	174
* Vicha Janviriya, MD	GS	222
* Walter J. Jaracz, MD	GS	106
Ernesto C. Jaranilla, MD	FP	086
* Robert E. Jardinico, MD	OPH	190
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* Olan Jareunpoon, MD	GS	222
* Robert W. Jarka, MD	ORS	106
Rudolph M. Jarvi, MD	PD	190
* Joel J. Jarvis, MD	FP	162
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* Robert W. Jasinski, MD	DR	186
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Laszek J. Jaszczak, MD	R	222
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* Eronico P. Javellana, MD	FP	086
* Jane J. Jawahir, MD	OBG	106
* Vivian P. Jawahir, MD	GS	106
* Monica Jaworowicz		222
* V. Jayabalan, MD	NM	062
* Thienchai Jayasvasti, MD	R	106
William J. Jean, MD	IM	134
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* Deborah O. Jeffries, MD	R	218
* Edward S. Jeffries, MD	ORS	222
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*	William Jend, Jr., MD	IM	222
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*	Sidney B. Jenkins, MD	P	222
	Margaret Jenner, DO	P	222
*	Jeffrey M. Jennings, MD	IM	174
	Larry E. Jennings, MD	FP	098
	Thomas J. Jennings, MD	OPH	026
*	Douglas R. Jensen, MD	OTO	106
*	Viggo W. Jensen, MD	P	222
*	Brandi M. Jenson, MD	PD	222
*	Ronald L. Jenson, MD	FP	190
	In S. Jeon, MD	AN	126
*	Christine M. Jerpbak, MD	FP	222
	Robert M. Jesson, MD	OBG	162
	Charles E. Jessup, DO	EM	190
*	Gary E. Jett, MD	PM	222
*	Hoon K. Jeung, MD	GS	210
*	William H. Jevons, Jr, MD	GYN	222
*	James H. Jewell, MD	OBG	126
*	Marvin R. Jewell, MD	AN	222
	Susan L. Jewell, MD	FP	134
	William H. Jewell, MD	OBG	174
*	Dennis A. Jewett, MD	N	102
≡	Wadi J. Jibrail, MD	GP	026
	Ronald R. Joanette, MD	OBG	130
*	Loyal W. Jodar, MD	ORS	170
	Annette I. Joe, MD	DR	174
	Kyung H. Joe, MD	IM	222
	Harold E. Joh, MD	P	222
	Michael M. Joh, MD	NM	222
	Frederick A. Johansen, MD	PD	026
	Kirsten M. Johantgen, MD	OBG	190
	Benjamin John, MD	IM	194
	C. Kunjappan John, MD	GS	202
*	Geetha V. John, MD	PD	222
	David B. Johns, MD	EM	186
*	Janet F. Johns, MD	PD	106
	A. Neil Johnson, MD	IM	174
*	Aran S. Johnson, MD	OM	222
*	Arthur J. Johnson, MD	U	222
*	Bruce G. Johnson, DO	IM	126
*	Calvin Johnson, MD	OBS	222
*	Carolyn E. Johnson, MD	PD	222
	David A. Johnson, MD	P	074
	David B. Johnson, MD	U	090
*	David K. Johnson, MD	U	090
*	Donald F. Johnson, MD	PD	102
*	Douglas A. Johnson, MD	GS	166
*	Edward N. Johnson, MD	FP	042
	Frank D. Johnson, MD	OPH	096
	Gage Johnson, MD	OBG	222
*	Garfield Johnson, MD	OBG	174
*	Gary A. Johnson, MD	OPH	190
*	Gary K. Johnson, MD	PD	062
*	Gregory W. Johnson, MD	GS	106
	Harold C. Johnson, MD	AN	102
	Helene M. Johnson, MD	GP	026
	J. Frederic Johnson, MD	GP	174
*	James M. Johnson, MD	EM	150
≡	James W. Johnson, MD	CHP	174
	Jeffrey R. Johnson, MD	GS	090
*	Joel A. Johnson, MD	CD	134
	John B. Johnson, MD	FP	190
*	Jon W. Johnson		090
	Kevin D. Johnson, MD	OPH	194
*	Lanny L. Johnson, MD	ORS	090
*	Marcia A. Johnson, MD	RHU	222
*	Mark P. Johnson, MD	MFM	222
*	Mary M. Johnson, MD	IM	218
	Mary Z. Johnson, MD	OBG	218
*	Melinda Johnson		090
*	Melvin H. Johnson, MD	R	034
*	Milo L. Johnson, MD	R	090
	Pamela D. Johnson, MD	GS	174
	Randall M. Johnson, MD	PH	134
*	Richard S. Johnson, MD	OBG	090
*	Robert B. Johnson, MD	FP	074
*	Robert C. Johnson, MD	IM	070
	Robert D. Johnson, MD	END	106
*	Robert F. Johnson, MD	CCM	106
	Robert H. Johnson, MD	OBG	174
*	Samuel C. Johnson, MD	R	222
	Steven W. Johnson, MD	OBG	070
*	Thomas D. Johnson, MD	IM	222
*	Thomas W. Johnson, MD	OBG	154
	Timothy R. B. Johnson, MD	OBG	218
*	Tom M. Johnson, MD	IM	090
*	Verne E. Johnson, MD	ORS	222
*	Virginia L. Johnson, MD	FP	218
*	Wallace E. Johnson, MD	ORS	222
*	Charles C. Johnston, MD	EM	106
*	Daniel W. Johnston, MD	AN	106
	Everett H. Johnston, MD	R	162
	Glen A. Johnston, MD	PTH	222
	James D. Johnston, MD	PD	070
*	Judd C. Johnston, MD	PTH	134
*	William H. Johnston, MD	OPH	026
	William L. Johnston, MD	GS	106
*	James R. Jokerst, MD	PD	106
*	John M. Joliat, MD	IM	174
	Thomas L. Joliat, MD	AI	174
*	Cecil R. Jonas, MD	OBG	222
	Alan S. Jones, MD	PD	106
*	Bruce A. Jones, MD	GE	026
*	Bruce A. Jones, MD	PTH	222
	Courtney P. Jones, MD	OM	030
≡	Cyril D. Jones, MD	P	174
	Daniel R. Jones, MD	FP	026
*	Don P. Jones, MD	IM	222
*	Edward A. Jones, MD	IM	106
*	G. Richard Jones, MD	ORS	222
	Haven E. Jones, MD	ORS	106
*	Jay H. Jones, MD	PM	070
*	Jeffrey M. Jones, MD	N	034
	John P. Jones, MD	PTH	090
	Lester C. Jones, MD	IM	090
	Lisa M. Jones		090
*	Lloyd C. Jones, MD	OBG	098
*	Margaret E. Jones, MD	PTH	090
	Mark W. Jones, MD	NS	190
*	Martin F. Jones, MD	NEP	090
	Maurice D. Jones, MD	IM	114
*	Raymond N. Jones, MD	GS	222
≡	Robert N. Jones, MD	CD	190
	Theodore B. Jones, MD	OBG	222
*	Thomas I. Jones, MD	ON	090
*	Thomas P. Jones		090
*	Tyre K. Jones, MD	R	022
	William J. Jones, MD	PD	222
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	Michelle L. Jones-Singer, MD	OBG	062
*	Robert H. Jongeward, Jr., MD	DR	102
*	David Jonnalagadda, MD	IM	174
*	Brian C. Joondeph, MD	OPH	222
*	Howard C. Joondeph, MD	OPH	222
*	Thad H. Joos, MD	PDA	222
	David Jordan		222
*	Franz W. Jordan, MD	GP	190
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	Mary Jordan, DO	OBG	222
*	William L. Jordan, MD	OBG	174
*	Soren L. Jorgensen, MD	PD	078
	Antoine Joseph, MD	IM	174
	Bobby Joseph, MD	AI	134
	Celestine M. Joseph, MD	OBG	062
≡	Daniel D. Joseph, MD	GP	130
	David L. Joseph, MD	OTO	090
	Japhet G. Joseph, MD	CD	022
	John R. Joseph, MD	IM	174
*	Julian I. Joseph, MD	PTH	106
*	Khattab M. Joseph, MD	GS	194
*	Ramon R. Joseph, MD	GE	222
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*	John F. Jovanovich, MD	IM	062
*	Dennis M. Joy, MD	EM	170
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*	Kathleen M. Joyce, MD	AN	222
*	Robert L. Joynt, MD	PM	062
*	Myron H. Joyrich, MD	R	222
*	Richard N. Joyrich, MD	DR	222
*	Andre V. Jubert, MD	ON	106
	Ofelia P. Juco-Centeno, MD	PTH	174
*	Alvin E. Judd, MD	FP	062
	Don R. Judd, MD	OPH	186
	Bryan S. Judge		222
*	Daniel G. Judge, MD	AN	026
*	Francis P. Judge, MD	N	218
	Jagir S. Judge, MD	PD	026
	Richard D. Judge, MD	CD	218
	Alexander Judy, MD	FP	134
*	Young J. Juhn, MD	PD	062
*	Le Roy W. Juhnke, MD	OBG	096
*	Asela P. Jumao-as, MD	N	030
*	John B. Juncker, MD	PTH	222
*	Bong Jung, MD	N	190
*	Jia Y. Jung, MD	CDS	090
	Samba Jung, MD	IM	174
	David A. Junge, MD	OBG	154
*	Andrea C. Jungwirth, MD	PM	218
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*	John L. Juozevicius, MD	RHU	102
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*	E. Patrick Juras, MD	AN	174
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*	Genowefa Z. Jurek, MD	PM	222
*	Zdzislaw Jurek, MD	PM	222
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*	Jorge O. Just, MD	CDS	174
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*	Jin B. Jyung, MD	OBG	026

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*	Martin L. Kabongo, MD	FP	222
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	Mark A. Kachadurian, DO	N	174
*	Nora M. Kachaturof, MD	D	222
*	Alice M. Kachman		222
*	James E. Kackley, MD	IM	222
	Ahmad K. Kaddurah, MD	PD	222
	Koyka M. Kadreva, MD	FP	194
	Omar Kadro, MD	GS	174
	Razan Kadry		222
	Joyce E. Kaferle, MD	FP	218
*	Ali Kafi, MD	CDS	222
	Naomi J. Kagetsu, MD	D	126
*	Dorothy M. Kahkonen, MD	DIA	222
*	David Kahn, MD	D	090
*	Joel K. Kahn, MD	CD	174
*	Marc L. Kahn, MD	DR	062
*	Roger N. Kahn, MD	CD	190
	Stephen Kahn, DDS		162
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	Henry D. Kaine, MD	END	174
*	Michael G. Kaiser, MD	AN	102
	David M. Kaisler, MD	IM	114
	Rama K. Kakani, MD		062
*	Amita Kakarla-Maganti, MD	GE	190
	John P. Kalabat		222
	Peter J. Kalabat, MD	PTH	174
*	Velimir Kalafatic, MD	PD	174
*	Sambamukrty V. Kalahasty, MD	IM	222
*	Edward D. Kalat, MD	IM	070
	Nathan Kalichman, MD	P	222
*	Nancy J. Kalinowski, MD	GS	102
*	Robert W. Kalinske, MD	IM	102
*	Jon M. Kaliszewski, MD	AN	095
*	Henry A. Kallet, MD	PTH	218
*	Leo F. Kallman, MD	P	222
*	Stephen Kalstein, MD	OPH	062
	Jeffrey C. Kalt, MD	OPH	126
	Samuel L. Kalush, MD	TS	190
*	Anthony M. Kam, MD	GS	106
	Eliyahou K. Kam, MD	PD	222
	Balu G. Kamalapurkar, MD	OBG	202
	Satish N. Kamath, MD	IM	222
	Janaki Kambhampati, MD	FP	174
*	Ravindranath Kambhampati, MD	PS	174
*	Angelos A. Kambouris, MD	GS	222
*	Marshall Kamer, MD	U	194
*	Mark A. Kamil, MD	ORS	174
*	Richard S. Kamil, MD	ORS	222
*	Lloyd A. Kammeraad, MD	OBG	106
	Robert L. Kamp, MD	FP	070
*	Dick L. Kamps, MD	GS	162
*	Azzam S. Kanaan, MD	N	102
≡	Vairamuttu Kanagarasa, MD	AN	222
	Archibald V. Kane, MD	AN	222
	Elizabeth D. Kane, MD	CHP	134
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*	James M. Kane, Jr., MD	RO	106

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* Ok K. Kang, MD	GS	062	
* Song G. Kang, MD	AN	222	
* Tai K. Kang, MD	P	062	
* Tai S. Kang, MD	DR	222	
* Tai Hee Kang, MD	R	062	
Thomas J. Kaniowski, MD	IM	222	
* Mark G. Kanitz, MD	EM	096	
* Zachary K. Kanjuparamban, MD	U	096	
Velji K. Kansara, MD	U	222	
Vijaya Kanumilli, MD	AN	222	
* Fakhruddin S. Kapadia, MD	PD	174	
Chandrakant C. Kapdi, MD	DR	222	
* Jeanne M. Kapenga, MD	AN	090	
* Alan G. Kaplan, MD	PTH	222	
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Gabriela D. Kaplan, MD	DR	062	
Mary B. Kaplan, MD	EM	222	
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* Walter A. Kaplita, MD	GP	222	
* Konstantinos Kapordelis, MD	IM	222	
* Kenneth H. Kapphahn, MD	N	222	
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* Yanna Karabatsos		090	
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* Melinda E. Karam, MD	PD	222	
Philip C. Karamatas, MD	OBG	222	
* Mahesh C. Karamchandani, MD	CRS	034	
Nuh Naci Karca, MD	PS	174	
Saul Karch, MD	GP	222	
L. Rao Kareti, MD	TS	090	
* Darius Karimipour		218	
* G. Reza Karimipour, MD	PS	174	
* Chandur H. Karnani, MD	PD	222	
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* James J. Karo, MD	DR	174	
Carl Karoub, MD	IM	174	
* Andrew N. Karpenko		222	
Jean P. Karr, MD	IM	098	
* Paul H. Karr, Jr., MD	FP	062	
* Paul H. Karr, Sr., MD	GP	062	
Gregory P. Karris, MD	IM	222	
Craig B. Karsama, MD	DR	126	
* Jack Kartaginer, MD	OBG	174	
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* K. P. Karunakaran, MD	GS	190	
* Choochart Kasemsarn, MD	IM	194	
* Minuchehr Kashef, MD	OBG	222	
* Gauresh H. Kashyap, MD	PUD	090	
Suman G. Kashyap, MD	IM	090	
* Anthony S. Kasiborski, MD	D	222	
* Jerome F. Kasle, MD	OPH	062	
* Albert J. Kaspor, MD	IM	222	
* Arnold Kass, MD	GP	222	
* David J. Kass, MD	FP	134	
Evan J. Kass, MD	U	174	
* Elias H. Kassab, MD	CD	222	
Safa S. Kassab, MD	ORS	222	
Michael D. Kasten, MD	ORS	102	
Michael J. Kasztelan, MD	FP	126	
* Stanley B. Katlein, MD	PTH	090	
* Jitendra P. Katneni, MD	IM	062	
* Austin M. Katz, MD	P	194	
* David Katz, MD	IM	218	
Gregory J. Katz, MD	OPH	218	
* Jeffrey S. Katz, MD	OPH	174	
Lon E. Katz, MD	OBG	174	
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* Sidney F. Katz, MD	OBG	174	
* William M. Katz, MD	IM	106	
* Harold L. Katzman, MD	OBG	126	
Lori A. Katzman, MD	P	174	
David L. Kaufman, MD	DR	106	
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* William H. Kaufman, MD	GP	222	
Surendra Kaul, MD	N	154	
* Sita R. Kaura, MD	FP	222	
* J D. Kaurich, MD	DR	162	
* John W. Kavanaugh, MD	PD	102	
* Thomas E. Kavanaugh, MD	OBG	102	
* William R. Kavanaugh, MD	GP	102	
* Kenzo Kawamura, MD	CD	102	
James Kawchak, MD	IM	222	
Conrad A. Kawel, Jr., MD	GS	222	
* David I. Kay, MD	FP	094	
Cengiz Kayi, MD	FP	174	
Mualla Kaynak, MD	PD	114	
* Michael M. Kayne, MD	DR	174	
Lakshmi Kaza, MD	PD	174	
Ramarao Kaza, MD	GS	222	
Ramesh Kaza, MD	AN	222	
Swarajyam Kaza, MD	AN	174	
Louis L. Kazdan, MD	IM	174	
Safwan Kazmouz, MD	FP	222	
* George M. Kazzi, MD	OBG	222	
* S. Nadya J. Kazzi, MD	PD	222	
* David J. Kearney, MD	U	174	
* Thomas M. Keating, MD	ORS	096	
* William G. Keating, MD	DR	078	
Edward N. Keegstra, MD	GP	026	
Michael G. Keeker, MD	FP	134	
* Van O. Keeler, MD	IM	010	
Marvin R. Keeling, MD	IM	222	
* Marc E. Keen, MD	PTH	138	
* Dennis M. Keene, MD	AN	022	
* Don E. Keener, MD	FP	114	
* John C. Keep, MD	PTH	070	
Pliny M. Keep, MD	PTH	102	
S. Jean Kegler, MD	D	222	
* William C. Keimig, Jr., MD	IM	222	
* Russell D. Keinath, MD	IM	218	
Richard J. Keirn, MD	IM	162	
* Carolyn J. Keith, MD	AN	070	
James S. Keith, MD	EM	170	
* Rachel B. Keith, MD	IM	222	
Tammy Kejonen-Kreuzer, MD	R	222	
Maximilian Kelin, MD	OM	174	
* Jay E. Kellaway, MD	R	186	
* Anthony S. Keller, MD	R	142	
Donald E. Kelley, MD	PD	106	
* Paul A. Kelley, MD	ORS	218	
* Teresa Kellogg		090	
* Alexander P. Kelly, MD	PS	222	
* C. James Kelly, MD	FP	162	
Christopher B. Kelly, MD	PS	158	
Francis J. Kelly, MD	ORS	094	
John Kelly, MD	FP	062	
John J. Kelly, MD	GP	222	
* Kevin J. Kelly, MD	IM	102	
* Larry S. Kelly, MD	FP	190	
Lawrence J. Kelly, MD	OBG	222	
* Paul A. Kelly, MD	OBG	090	
* Randall T. Kelly, MD	MFM	222	
* William T. Kelly, MD	OBG	114	
Robin D. Kelmenson, MD	IM	174	
* Victor A. Kelmenson, MD	PUD	222	
Harvey I. Kelsall, MD	GS	026	
C. Thomas Kelso, MD	PTH	162	
S. Newton Kelso, MD	FP	158	
* Malcolm J. Kelson, MD	PD	222	
* Mark W. Kemp, DO	IM	106	
* Paul M. Kempen, MD	AN	114	
* David W. Kempers, MD	HSO	106	
* Richard A. Kempf, MD	FP	186	
* Albert H. Kempter, MD	IM	106	
* Harold F. Kendrick, MD	FP	174	
* Brian J. Kennedy, MD	PD	218	
* John C. Kennedy, MD	PD	218	
* Michael S. Kennedy, MD	ORS	138	
* Susan J. Kennedy, MD	OBG	218	
* Michael J. Kennelly, MD	GS	218	
Donald M. Kennett, MD	GP	062	
* Ihsan Kent, MD	OBG	102	
* Paul S. Kenyon, MD	ORS	098	
* Gary M. Keoleian, MD	OPH	062	
* Phadej Keopunna, MD	U	190	
* James B. Keplinger, MD	GS	134	
James T. Kerby, MD	FP	106	
* David F. Keren, MD	CLP	218	
* Pramod Kerkar, MD	PD	222	
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Nathan Kerner, MD	CD	222	
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* Dale L. Kessler, MD	PTH	106	
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* Hans J. Kettler, MD	EM	174	
* Robert C. Kettunen, MD	U	102	
* Arlene V. Kevonian, MD	P	222	
* John P. Keyser, MD	OBG	194	
* M. Michael Khaghany, MD	CDS	102	
* Naji M. Khairallah, MD	IM	102	
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Mazen T. Khalidi, MD	GS	222	
* Ali A. Khan, MD	IM	086	
Khalid Khan		222	
Mahmood H. Khan, MD	IM	222	
* Mohammed J. Khan, MD	PDA	126	
* Parviz Khan, MD	HEM	222	
Qamar A. Khan, MD	IM	222	
* Shabana S. Khan, MD	IM	222	
* Shaukat A. Khan, MD	IM	106	
* Walayat A. Khan, MD	PD	218	
P. Khandelwal, MD	IM	062	
Vik Khanderia		222	
Satish C. Khaneja, MD	IM	174	
Shyam L. Khanna, MD	IM	222	
* Vijay Khanna, MD	IM	222	
* Riad Khatib, MD	ID	222	
* Jean R. Khawam, MD	PD	106	
Fuad Khaznehkatbi, MD	CD	174	
Salim G. Khazoum, MD	PTH	186	
Rekha Khera, MD	CD	174	
Prem V. Khilanani, MD	ON	174	
Urmilla Khilanani, MD	IM	174	
* Anu Khilnani		222	
Bahram Khodadadeh, MD	PD	174	
* Elie G. Khoury, MD	GP	174	
* Michael Khoury		222	
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Riad G. Khoury, MD	AN	174	
Ziyadeh M. Khoury, DO	AN	062	
* Sarla D. Khushalani, MD	RO	162	
* Daria Kiani, MD	ID	222	
* Edward F. Kickham, MD	ORS	190	
Akiyoshi Kido, MD	GS	010	
* Farook J. Kidwai, MD	NS	106	
* Ray F. Kiefer, MD	AN	162	
* George E. Kieler, MD	GP	150	
Lorenz P. Kielhorn, MD	PTH	098	
* James D. Kiess, MD	OPH	034	
* Lou Ann Kiessling, MD	OPH	218	
John L. Kihm, MD	ORS	102	
Demetrios L. Kikas, MD	N	222	
Theodore W. Kilar, MD	OBG	174	
Raghavendra R. Kilaru, MD	P	062	
* Venkata Kilaru, MD	AN	062	
Anthony J. Kilbane, MD	END	218	
* Kevin M. Kiley, MD	FP	162	
* Orhan Kilic, MD	PD	026	
* Paula K. Kilmer-Ernst		222	
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Achin Kim, MD	A	174	
* Babiano M. Kim, MD	U	222	
* Chang-Soo Kim, MD	IM	126	
* Choong-Man Kim, MD	DR	026	
* Chung K. Kim, MD	DR	222	
* Dong H. Kim, MD	DR	222	
Dong I. Kim, MD	AN	186	
* Dong S. Kim, MD	PD	118	
* Edward N. Kim, MD	AN	222	
* Gun Y. Kim, MD	AN	062	
* Haesook Kim, MD	TR	062	
* Hak J. Kim, MD	GS	058	

A future of medical excellence starts with a few good ideas



A lot of old fashioned ideas go into 21st Century medicine. Ideas like dedicating resources and energy to things that matter. What matters at Rehabilitation Institute of Michigan is exploring new ways to rebuild lives by designing better ways to diagnose and treat individuals with physical and cognitive disabilities.

We're confronting our future by putting good ideas to work right now. That's why we're developing the first clinical research unit in the nation devoted entirely to rehabilitation research.

We've staffed and equipped our clinical rehabilitation research unit to study the quantification of human functioning. We'll develop and test new equipment, new diagnostic assessment methods, new treatments and use objective outcome measurement.

Trying to improve the future of health care isn't a new idea. But it has given birth to new ways to achieve excellence in physical medicine and rehabilitation.

At Rehabilitation Institute of Michigan, rebuilding lives is our future.

For more information on the Clinical Rehabilitation Research Unit at Rehabilitation Institute of Michigan, call us at (313) 745-9716.

Wayne State University

DMC Rehabilitation Institute of Michigan

Alphabetical Listing of MSMS Members

** Asterisk beside name denotes AMA membership*

Heung K. Kim, MD	R	222	
* Hi J. Kim, MD	PM	222	
* Hyo S. Kim, MD	AN	222	
Ihl D. Kim, MD	PD	106	
Jae C. Kim, MD	P	062	
Jae-Suk K. Kim, MD	PD	222	
Jaejong Kim, MD	P	062	
* Jin G. Kim, MD	AN	222	
* Jin-Chul Kim, MD	RO	034	
* Jong M. Kim, MD	AN	062	
* Joon K. Kim, MD	DR	222	
Jung K. Kim, MD	PD	126	
Jung-Whan Kim, MD	AN	174	
* Kwan Soo Kim, MD	GP	034	
* Kwang-Sung Kim, MD	DR	150	
* Kwonsoo K. Kim, MD	AN	222	
* Kyung S. Kim, MD	CD	126	
* Lawrence Y. Kim, MD	P	222	
* Luke Y. Kim, MD	PM	218	
Min H. Kim, MD	AN	190	
* Mun K. Kim, MD	PD	126	
Myung S. Kim, MD	GS	222	
* Paula J. Kim, MD	FP	222	
Sang Y. Kim, MD	AN	050	
Seong C. Kim, MD	GP	198	
* Seong Jeun Kim, MD	DR	218	
* Si Y. Kim, MD	AN	126	
* Soon K. Kim, MD	P	222	
Tai H. Kim, MD	NEP	222	
* Woo Shin Kim, MD	OBG	222	
* Wook Kim, MD	PM	174	
* Wuk Kim, MD	GS	190	
* Yong S. Kim, MD	PD	222	
* Youn S. Kim, MD	TS	106	
* Young H. Kim, MD	RO	190	
* C B. Kimbrough, MD	FP	062	
Adrianne Kimler, MD	PD	062	
* Jeffrey Kimpson, MD	AN	174	
Leon E. Kinasiewicz, MD	R	050	
* Joseph E. Kincaid, MD	IM	102	
William E. Kincaid, MD	NM	106	
* Anthony King, MD	CD	102	
John R. King, MD	D	158	
Melbourne J. King, MD	GS	222	
* Paul K. King, MD	NS	222	
* Ray H. King, MD	FP	098	
* Richard W. King, MD	OBG	174	
* Scott R. King, MD	OBG	226	
Paul C. Kingsley, MD	ORS	034	
Vithal B. Kinhal, MD	IM	222	
* Ratnaker Kini, MD	PHO	222	
Douglas G. Kinne, MD	OBG	170	
Craig M. Kinney, MD	NPM	106	
Vijaya A. Kinni, MD	IM	174	
* Wayne K. Kinning, MD	VS	062	
Kiran Kinra, MD	IM	062	
Naresh K. Kinra, MD	PD	062	
Lisa J. Kinsey		090	
* Raymond C. Kinzel, MD	U	090	
Terry Kinzel, MD	IM	082	
* Mark S. Kinziger, MD	OPH	162	
Fernando C. Kiok, MD	GS	202	
Paul R. Kipp, MD	OBG	126	
William F. Kirchhaine, Jr, MD	GP	162	
* Aaron K. Kirkemo, MD	U	222	
Kent L. Kirkland, MD	ORS	014	
* John C. Kirkpatrick, MD	DR	198	
Walter T. Kirsten, MD	AN	026	
William B. Kirtland, MD	OBG	222	
Karl K. Kish, MD	DR	126	
* Daniel E. Kislov, MD	PS	162	
Richard Kislov, MD	PS	162	
* Mary S. Kitchel, MD	AN	186	
L. J. Kitterman, MD	IM	062	
William W. Kitti, MD	GP	070	
* John L. Kitzmiller, MD	OBG	026	
* John W. Kitzmiller, MD	VS	174	
Kristen A. Kitzsteiner, MD	IM	106	
* Nancy P. Kivell, MD	AN	106	
* Louis P. Kivi, MD	ORS	218	
* Robert S. Klautky, MD	AN	222	
* Costas Kleanthous, MD	FP	218	
* Andrew C. Kleaveland, MD	PUD	162	
* Ingram J. Kleaveland, MD	IM	162	
* Jose O. Kleer, MD	GS	222	
* Nestor A. Kleer, MD	FP	222	
* Michael Kleerekoper, MD	END	222	
Jerome H. Klegman, MD	R	174	
George E. Kleiber, DO	CD	090	
* Lynne A. Kleiman		090	
Martin W. Kleiman, MD	PD	222	
Herman Klein, MD	HEM	222	
* James W. Klein, MD	OPH	222	
Marvin E. Klein, MD	D	174	
Michael D. Klein, MD	GS	222	
* Michael I. Klein, MD	CD	174	
* Sander P. Klein, MD	END	222	
* Steven N. Klein, MD	CRS	174	
* Thomas E. Klein, MD	OBG	106	
* D'Anne M. Kleinsmith, MD	D	174	
Benjamin J. Kleinstiver, MD	ORS	170	
* Kirk R. Klemme, MD	EM	134	
* Susan H. Klemmer, MD	D	174	
Janice S. Klemp, MD	PD	082	
Vladimir Klemptner, MD	IM	218	
Garron L. Klepach, MD	OPH	222	
* Lars W. Kleppe, MD	PTH	170	
* Kenneth A. Kleyn, MD	GS	226	
* G. D. Klickstein, MD	GS	096	
John A. Klim, DO	OTO	050	
* Kevin E. Klimek, MD	AN	218	
* Robert E. Klimek, MD	IM	090	
Edward J. Klimkowski, MD	OBG	222	
* Owen F. Kline, MD	GS	062	
* Ronald A. Kline, MD	VS	222	
* George A. Kling, MD	DR	222	
* Murray G. Kling, MD	GS	222	
* Sally L. Kliphuis, MD	FP	106	
Edward J. Klopp, Jr., MD	TS	034	
Henry J. Klos, MD	R	026	
* Paula J. Klose, MD	FP	154	
* Bruce A. Klunzinger, MD	OPH	090	
* Georg H. Klutke, MD	OBG	222	
* Cassandra M. Klyman, MD	PYA	174	
* David C. Kmak, MD	OBG	222	
James G. Knaggs, MD	OPH	062	
* James E. Knake, MD	DR	218	
* Timothy P. Knapman, MD	AN	222	
* Gary H. Knapp, MD	GP	222	
John A. Knapp, MD	OBG	222	
* William L. Knapp, MD	OM	222	
* William T. Knapp, MD	R	190	
Richard A. Knecht, MD	FP	170	
* Sharon K. Knepfler, MD	PD	222	
Melodie A. Knicely, MD	FP	062	
* Edwin M. Knights, Jr., MD	PTH	174	
Howard T. Knobloch, MD	PD	022	
* Frederick J. Knocke, MD	ORS	222	
Stuart A. Knott, MD	OPH	222	
Pamela R. Knysz, MD	FP	106	
Elizabeth A. Kobe, DO	OBG	190	
* Michael S. Kobernick, MD	EM	174	
Sidney D. Kobernick, MD	PTH	222	
* Robert P. Kobiela, MD	IM	106	
* Josef M. Kobiljak, MD	PD	222	
Stefan H. Kobiljak, MD	OBG	222	
Robert J. Kobs, MD	OPH	098	
Krystyna Kochanowska, MD	IM	222	
Eugene J. Kochkodan, MD	R	222	
* James J. Kochkodan, MD	DR	222	
Lubomira S. Kocur, MD	GP	110	
* Vallisitaram P. Kodali, MD	GE	174	
* Aruna K. Kode, MD	AN	098	
Shahin B. Koegler, MD	P	222	
Jill E. Koehler, MD	PD	062	
* Charles N. Koenig, MD	FP	190	
* Earl R. Koenig, MD	U	126	
Harry Koenig, MD	OPH	134	
George H. Koepke, MD	PM	190	
* Kurt J. Koepnick, MD	IM	106	
* Edward J. Koerber, MD	GP	222	
John M. Koetsier, MD	PD	106	
* Marvin L. Kofender, MD	IM	222	
Alan O. Kogan, MD	P	102	
Natalio Kogan, MD	AN	222	
A. L. Koh-Guevarra, MD	IM	126	
* William M. Kohen, MD	ORS	174	
* James Kohlenberg, MD	IM	174	
Peter C. Kohler, MD	ON	070	
* Darrell J. Kohli, MD	OPH	050	
* Jaspal S. Kohli, MD	EM	222	
Gloria J. Kohut, MD	PTH	106	
Karen G. Kohut, MD	OBG	218	
Dinesh P. Koirala, MD	AN	222	
* Ray S. Koivunen, MD	FP	054	
* Evan P. Kokales, MD	OM	102	
* Mary J. Kokosky, MD	NPM	070	
Karl F. Kolbe, MD	IM	174	
* James A. Kolberg, MD	GS	070	
* Bruce H. Kole, MD	N	174	
Linda J. Kole, MD	IM	174	
* Augustine K. Kole-James, MD	IM	222	
Robert C. Kolesar, MD	GP	154	
George T. Kolettis, MD	ORS	026	
* Mark D. Kolins, MD	CLP	174	
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Isadore I. Kolman, MD	U	222	
* Gary F. Koloff, MD	P	158	
* Patricia A. Kolowich, MD	ORS	222	
* Oscar P. Koltay, MD	R	095	
* Lawrence Koltonow, MD	P	174	
* A. Prasad Kommareddi, MD	IM	062	
Richard M. Kommel, MD	OTO	126	
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Mark C. Komorowski, MD	PS	022	
* Raymond R. Komray, MD	OTO	162	
John D. Kondomerkos, MD	IM	222	
* Prasadarao S. Koneru, MD	CD	034	
Barbara A. Kong, MD	CD	218	
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* John W. Konnak, MD	U	218	
* Edward T. Konno, MD	PTH	222	
* Dennis W. Konzen, MD	FP	102	
Chester S. Koop, MD	IM	070	
* John H. Kopchick, MD	U	106	
Joseph Kopchick, MD	GP	094	
Joseph M. Kopmeyer, MD	IM	222	
Clemens M. Kopp, MD	CLP	194	
* Carolyn Koppenol, MD	P	014	
Peter C. Koptik, MD	EM	106	
Andrew Kopystynsky, MD	GS	222	
* Theresa A. Kordish, MD	FP	102	
Michael A. Kore, MD	PD	102	
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* Bert J. Korhonen, MD	ORS	106	
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* Jeffrey A. Kornblum, MD	NS	102	
* James G. Kornmesser, MD	OBG	174	
* Sanford Kornwise, MD	D	126	
* Steven M. Korotkin, MD	CD	174	
* Frank S. Korotney, MD	OBG	098	
Walter G. Korytowsky, MD	D	098	
* John M. Kosanovich, MD	NEP	190	
* Herman K. Koschnitzke, MD	IM	222	
* Sylvia M. Kosciolek, MD	R	062	
Abraham Koshy, MD	CD	026	
Betty Koshy, MD	IM	026	
* Sudjond Kosim, MD	DR	158	
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* John M. Kosta, MD	OTO	106	
John S. Kostin, MD	GS	102	
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* Sambasiva R. Kottamasu, MD	R	222	
* Charles J. Koucky, MD	GS	190	
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* Conchita Q. Kovach, MD	PD	222	
* Peter A. Kovalszki, MD	IM	126	
* Jeffrey J. Kovan, MD	OPH	222	
Richard Kovan, MD	PM	062	
Eleanor Kovich, MD	IM	190	
Edward H. Kowaleski, MD	FP	142	
* Mark A. Kowalski, MD	GS	070	
Steven W. Kowalsky, MD	U	222	
Naim Koymen, MD	NS	102	
Elizabeth A. Kozak, MD	IM	106	
John Koziarski, MD	GS	034	
Anthony E. Kozlinski, MD	GP	222	
Clifford S. Kozlow, MD	AN	174	
Daniel B. Kozlow, MD	OPH	222	
Louise E. Kozlow, MD	OBG	174	

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*	Vlado J. Kozul, MD	CD	222
*	Samson K. Kpadenou, MD	IM	174
*	Harm Kraai, MD	U	174
*	Kenneth L. Krabbenhoft, MD	R	222
	Robert D. Kraff, MD	EM	026
	Richard O. Kraft, MD	GS	218
*	Ruth M. Kraft, MD	PD	222
	Bernard Krakauer, MD	ORS	222
*	Barry W. Kram, DO	NEP	162
	Jeffrey H. Kramer, MD	PM	222
	Mark Krane, MD	OBG	174
*	Richard S. Kranz, MD	IM	034
*	Andrew J. Krapohl, MD	OBG	098
	Gary A. Krasicky, MD	DR	222
*	Manus L. Krasman, MD	IM	218
*	Neal M. Krasnick, MD	OPH	222
*	Charles G. Krasnow, MD	P	218
*	Pamela M. Kratkoczki, MD	PD	174
	Clyde H. Kratochvil, MD	OS	102
*	Christine Krause, MD	FP	218
*	Douglas A. Krause, MD	FP	194
	Brian C. Krauss, MD	OBG	034
*	Willy Krauss, MD	P	090
	Charles F. Krausse, MD	GS	218
	Charles J. Krawec, MD	CD	222
*	Charles F. Krecke, MD	R	090
*	Dan F. Kreider, MD	DR	026
*	H. J. Kreiman, MD	GS	222
*	Alfred M. Kreindler, MD	IM	174
	Felissa B. Kreindler, MD	PD	126
	Wilmont R. Kreis, MD	ORS	194
*	Robert K. Kreitsch, MD	PM	106
	John A. Kremski, MD	PTH	190
*	Marlin P. Krenz, MD	OPH	162
	Stefanie L. Krenz		222
≡	Bruce A. Kresge, MD	FP	174
	Steven M. Kreshover, MD	AI	174
	John C. Kretzschmar, MD	FPG	222
*	Henry J. Kreulen, MD	GP	106
	David A. Kreuze, MD	OBG	106
*	Richard L. Kreuzer, MD	OBG	106
	David A. Krevsky, MD	PD	222
	Harold Krevsky, MD	OBG	222
	Seymour Krevsky, MD	PD	174
≡	David M. Krhovsky, MD	AN	106
	Frank J. Krhovsky, MD	AN	106
*	Herbert I. Krickstein, MD	PTH	222
*	Carol A. Krieg, MD	OPH	050
	E. Michael Krieg, MD	ORS	222
*	Joel M. Kriegel, MD	U	126
*	Bruce L. Krieger, MD	D	126
*	Harvey A. Krieger, MD	OBG	126
	Jonathan J. Krieger, MD	FP	106
	Norman N. Krieger, MD	IM	174
	Edmund M. Krigbaum, MD	AN	218
	Mark J. Krinock, MD	NS	102
	Morton J. Kripke, MD	OBG	126
	Ambujam R. Krishnan, MD	IM	222
*	Rajan S. Krishnan, MD	HEM	174
*	Madelon H. Krissoff, MD	IM	106
*	Karl T. Kristen, MD	R	222
	Jon W. Kroeze, MD	FP	186
*	David D. Krohn, MD	P	070
	David W. Kroll, MD	PD	126
	H. Harvey V. Kroll, MD	IM	222
*	Henry R. Kroll, MD	AN	222
*	Ronald L. Krome, MD	GS	174
*	Joseph D. Kroon, MD	OBG	126
	Ernest F. Krug, III, MD	PD	174
*	James A. Krug, MD	OPH	222
*	Lawrence Krugel, MD	D	174
*	Richard Krugel, MD	ORS	222
*	Edward A. Krull, MD	D	222
	Francis X. Krynicki, MD	GP	222
*	Henry Krystal, MD	P	174
	Michael T. Ku, DO	FP	102
	Kenneth S. Kube, MD	IM	086
*	William J. Kube, MD	ORS	102
*	John G. Kublin, MD	OPH	134
*	Michael P. Kucera, MD	PD	218
*	Lucille K. Kuchera, MD	PH	034
*	Francis S. Kucmierz, MD	GP	222
*	Anthony L. Kudirka, MD	DR	222
	Ned N. Kuehn, MD	PTH	222
	Kenneth L. Kuehnl, MD	IM	050
	Fook C. Kuet, MD	AN	062
*	Eli H. Kuhel, MD	PD	174
*	Peter A. Kuhl, MD	IM	106
*	Shirlee E. Kuhl, DO	PD	174
*	James M. Kuhlman, MD	NM	222
*	Albert A. Kuhn, MD	GP	222
	Anne C. Kuhn, MD	PD	174
*	Margueritte H. Kuhn, MD	OBG	154
*	Richard F. Kuhn, MD	FP	222
*	Jerome L. Kuhnlein, MD	IM	026
*	Donald H. Kuiper, MD	IM	090
*	Walter F. Kujawski, MD	CD	222
*	Andrea S. Kuldanek, MD	PD	106
*	Gregory A. Kuldanek, MD	IM	106
*	Varin U. Kule, MD	GE	022
*	Gregory W. Kulesza, MD	IM	174
*	Mark F. Kuligowski, DO	IM	190
*	Eugene J. Kulinski, MD	IM	022
	Eleanor J. Kulis, MD	P	126
	Ashok Kumar, MD	IM	222
*	C. Vijay Kumar, MD	NEP	222
	G. Krishna Kumar, MD	IM	174
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*	Peter A. Lassing, MD	DR	134	*	Gerald R. Lee, MD	IM	106		Harry L. Levett, MD	OTO	090
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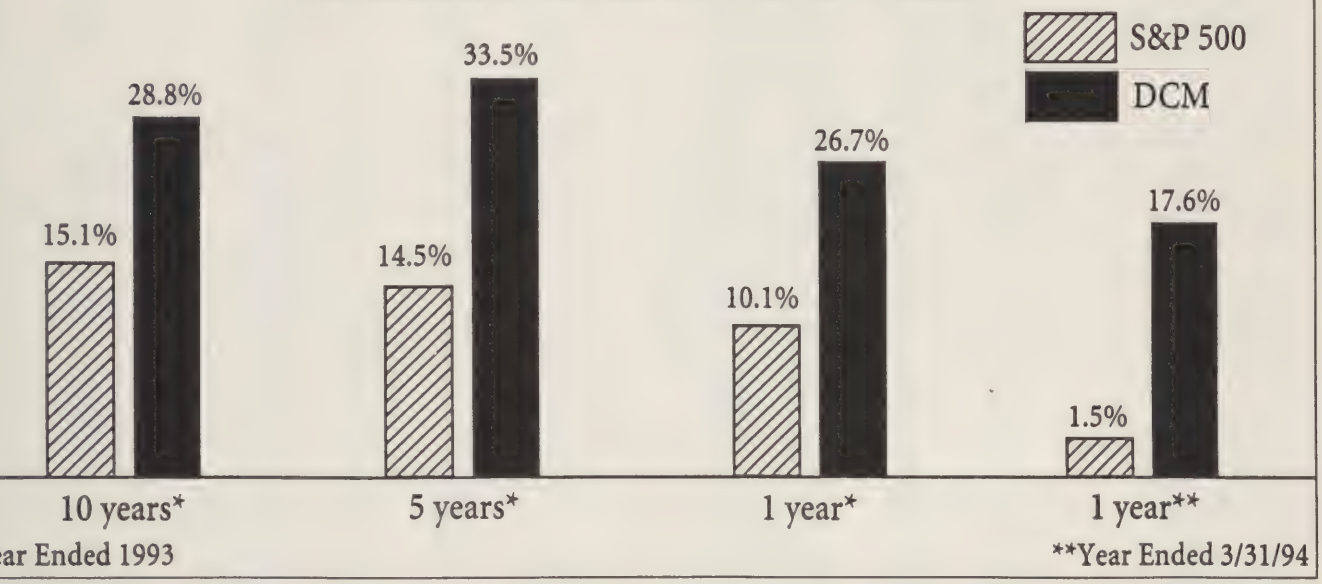
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1984- 1994

DOCTORS CAPITAL MANAGEMENT INC.

vs.

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	Wesley G. Logan, MD	OBG	018
	James W. Logie, MD	GS	106
*	Linda J. Logsdon, MD	P	174
	Carl W. Lohmann, MD	OTO	222
*	Thomas O. Lohr, MD	IM	190
*	Michael A. Lojek, MD	IM	106
*	Kevin Lokar, MD	PH	126
	Carter O. Lomax, Jr., MD	OBG	102
*	Kenneth A. Lombardi, MD	IM	034
	Berton L. London, MD	CD	222
	Jeffrey A. London, MD	CHP	174
*	John L. London, MD	FP	094
*	Alison F. Long		222
	Charles O. Long, MD	R	090
*	Deborah J. Longley, MD	IM	106
*	Kathleen M. Longo, MD	IM	218
	Wallace A. Longton		090
	Dante S. Loo, MD	IM	210
*	Karl F. Loomis, MD	PTH	034
*	Gerald N. Loomus, MD	IM	222
*	William C. Loop, MD	IM	095
	David A. Lootens, MD	IM	218
	Reuben Lopatin, MD	IM	222
*	Alfonso A. Lopez, MD	GS	026
	Cecilia G. Lopez, MD	PD	062
	Enrique C. Lopez, II, MD	FP	090
*	Gerald L. Lopez, MD	OM	174
*	Glicerio B. Lopez, MD	IM	034
	Jose B. Lopez, MD	FP	062
	Peter P. Lopez, MD	IM	174
*	H. M. Lopez-Negrete, MD	NS	062
*	Joseph H. Lorber, MD	OPH	222
*	Raymond S. Lord, III, MD	ON	102
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*	J. C. Lorentson, MD	IM	106
	John M. Lorenz, MD	PD	090
*	Robert P. Lorenz, MD	MFM	174
*	Miguel A. Lorenzini, MD	PS	126
*	Modesto A. Lorenzo, MD	DR	096
*	Veronica E. Lorenzo, MD	FP	190
*	Ronald S. Lorfel, MD	OPH	222
*	Robert J. Lorinser, MD	FP	134
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*	Dean S. Louis, MD	ORS	218
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*	David L. Louwsma, DO	AN	206
*	Donald M. Love, MD	AN	222
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*	F. Raymer Lovell, MD	GS	106
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*	James W. Lowell, MD	DR	174
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*	Michael R. Lubetsky, MD	IM	174
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*	Martin A. Luchtefeld, MD	CRS	106
	John R. Luderer, MD	IM	102
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*	Frederick E. Ludwig, MD	FP	194
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	Robert M. Lugg, MD	PD	194
*	Jay A. Lugthart, MD	EM	106
*	Jeffrey L. Lukas, MD	FP	194
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*	Jack G. Lukens, MD	IM	106
*	Theodore J. Lukens, MD	P	062
*	James R. Lulek, MD	GS	222
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*	Eleuterio R. Lumaque, MD	GS	062
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*	Richard M. Lundeen, MD	FP	062
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*	Aaron Lupovitch, MD	CLP	222
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*	Byron B. Lutes, MD	CRS	190
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*	Roderico Luttmann, MD	PD	222
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*	Asuncion Q. Luz, MD	PDA	114
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*	Luis C. Maas, MD	IM	174
*	Bassam Maaz, MD	N	222
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*	Frankie E. Mac, MD	U	174
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*	Lawrence L. Mac Donald, MD	IM	222
*	Marshall A. Mac Donald, MD	AI	102
*	Nancy L. Mac Donald, MD	PD	186
*	William B. Mac Donald, MD	R	174
*	David B. Mac Dougall, MD	IM	070
*	John F. Mac Gregor, MD	GS	206
*	Dugald S. Mac Intyre, MD	GS	106
*	I. Donald Mac Kay, MD	RO	126
*	James C. Mac Kenzie, MD	IM	174
*	James R. Mac Kenzie, MD	PM	070
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*	John A. Mac Neal, MD	GP	078
*	James E. Mac Vicar, MD	OPH	102
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*	John S. MacDonald, MD	IM	046
*	John M. MacKeigan, MD	CRS	106
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*	Suhasini Macha		222
*	K. L. Machiorlat, MD	PTH	106
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*	Algimantas P. Maciulis, MD	IM	022
*	Margarethe Maciulis, MD	IM	022
*	Douglas A. Mack, MD	PH	106
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*	Robert E. Mack, MD	OS	222
*	Vincent A. Macke, MD	AN	070
*	Hugh L. Mackechnie, MD	AI	222
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*	Victoria L. Macki, MD	FP	122
*	Robert H. Mackie, MD	FP	042
	Thomas B. Mackie, MD	IM	042
	Irene Macko, MD	IM	222
*	Albert J. Macksood, MD	VS	062
*	John M. Macksood, MD	AN	062
*	Michael J. Macksood, DO	GS	062
*	William E. Macksood, MD	GS	062
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*	Lakshmana R. Madala, MD	AN	190
≡	Leo M. Madarang, MD	GS	062
˜	Gene E. Maddock, MD	R	026
	Aaron W. Maddox, MD	IM	222
	Tom Madhavan, MD	IM	174
*	Matthew Madion, MD	OPH	070
*	Armando C. Madrazo, MD	CD	126
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≡	Michael J. Madura, MD	GE	106
*	Diane L. Maennle, MD	PTH	222
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*	Louis S. Magagna, MD	DR	218
*	Bapineedu Maganti, MD	AN	190
*	Herminio G. Magbanua, MD	GP	114
*	Ilie Magdea, MD	AI	222
*	John E. Magielski, MD	OTO	218
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*	Duncan J. Magoon, MD	PYA	218
*	Michelle Magrecke		090
*	Howard L. Mahabeer, MD	PD	142
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*	S. V. Mahadevan, MD	IM	222
*	Dev K. Mahajan, MD	IM	222
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	Naveed Mahfooz, MD	IM	190
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*	Murray S. Mahlin, MD	U	174
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*	William F. Malarney, MD	GS	174
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*	Victor Maldonado, MD	PDR	174
*	Wilford E. Maldonado, MD	CLP	090
*	Thomas A. Malec, MD	OPH	106
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*	John E. Maley, MD	IM	218
*	Vikram V. Mali		090
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*	Khalid M. Malik, MD	GS	190
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*	Robert G. Mallen, MD	IM	106
*	Veronica T. Mallett, MD	OBG	222
*	Mark D. Malnor, MD	DR	106
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*	John M. Malone, MD	OBG	222
*	Robert E. Malone, MD	IM	222
	Thomas A. Malone, MD	NPM	222
*	Patrick M. Maloney, MD	IM	170
*	Philip J. Maloney, MD	IM	222
*	John T. Maltese, MD	PM	174
*	Eranio U. Malto, MD	AN	062
	Joseph H. Maltzer, MD	FP	222
*	Jerald B. Maltzman, MD	DR	222
*	Thomas A. Malvitz, MD	ORS	106
*	Vinay K. Malviya, MD	GO	222
	Rolland D. Mambourg, MD	FP	106
*	Richard Mamrick, MD	DR	062
*	Amorn Manadee, MD	AN	222
	John R. Mance, MD	OBG	194
*	Jerome F. Mancewicz, MD	FP	106
	Vasudeva R. Mandava, MD	IM	126
	Leslie Mandel, MD	IM	222
	Shlomo S. Mandel, MD	OM	174
*	Gerald H. Mandell, MD	PTH	222
	Sharon L. Mandell, MD	FP	126
*	Steven H. Mandell, MD	PTH	222
*	Tejinder S. Mander, MD	IM	106
*	Jack N. Mandiberg, MD	IM	222
*	Girish C. Mangalick, MD	N	222
*	Mary A. Mangelsen, MD	IM	098
	Jose V. B. Mangune, MD	PS	190
	John P. Manica, MD	CHN	174
	Stephen M. Manier, MD	DR	050
	Steven G. Manikas, DO	FP	218
	K. N. Manjunath, MD	IM	118
	Chad R. Manke		222
≡	Daniel M. Mankoff, MD	AN	106
	Andrew D. Mann, MD	FP	222
*	Joseph D. Mann, MD	PTH	106
*	Nancy R. Mann, MD	PM	222
˜	Robert J. Mann, MD	PS	106
	Lawrence R. Mannausa, MD	OBG	090
	John W. Manning, III, MD	GS	190
*	Anand M. Manohar, MD	ORS	030
	Joseph M. Manoharan, MD	IM	062
	B. M. Manshady, MD	IM	222
	Gordon Manson, MD	PD	222
*	Shahrokh Mansoori, MD	TS	174
	Sabry G. Mansour		222
	Yousif S. Mansour, MD	IM	222
	Joseph S. Mantel, PHD		222
	James D. Manyak, MD	AN	034
	Vani Manyam, MD	AN	062
*	Howard N. Manz, MD	GS	174
*	Lisa A. Manz-Dulac, MD	D	222
	Bayani L. Manzano, MD	DR	054
*	Dayle L. Maples, MD	ORS	106
˜	R. N. Maragiri, MD	IM	022
	Mark L. Marbey, MD	TS	102
	Heront Q. Marcarian, MD	IM	222
*	Gregory P. Marcoe, DO	AN	154
	Michael G. Marcotte, MD	PD	106
	Oliver L. Marcotte, MD	PUD	174
	Andreas A. Marcotty, MD	P	222
*	Michael J. Marcovitz, MD	AN	218
	Andrew L. Marcus, MD	N	222
*	Keith D. Marcus, MD	ID	186
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	Edo V. Marcuz, MD	OBG	126
	Arlene M. Marcy, MD	OBG	174
*	Curtis C. Marder, MD	CDS	134
	Vincent J. Marecki, MD	GS	222
*	Carlotta M. Maresca, MD	GS	190
*	Luigi Maresca, MD	TS	190
*	Raymond R. Margherio, MD	OS	174
*	Philip M. Margolis, MD	P	218
	Saul Z. Margules, MD	FP	222
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	Gheorghe N. Marinescu, MD	IM	174
*	Joseph E. Mark, MD	PS	174
*	Sheldon F. Markel, MD	PTH	218
*	Alexander P. Markey, MD	OTO	222
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*	Jon J. Markey, MD	P	222
*	John M. Markley, Jr., MD	PS	218
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	Peter A. Marks, MD	GYN	106
	Sanford J. Marks, MD	DR	222
*	Steven L. Marks, MD	OTO	222
	Thomas S. Marks, MD	OBG	106
˜	Thomas S. Markus, MD	OBG	022
*	James L. Marley, MD	OBG	218
*	Lee Marmion, MD	N	106
˜	Joseph B. Marogil, MD	GS	106
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*	Randy D. Marosok, MD	PD	106
*	William E. Marquis, MD	U	106
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*	H Michael Marsh, MBBS, MD	AN	222
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*	Joseph F. Marshall, MD	OBG	190
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*	Thomas J. Marshall, MD	FP	014
	William P. Marshall, MD	AN	102
	William Martel, MD	R	218
	Lawrence A. Marten, MD	FP	126
	Bruce W. Martin, MD	FP	186
	Carolyn G. Martin, MD	FP	070
˜	David B. Martin, MD	ID	070
	David E. Martin, MD	TS	222
*	Donald J. Martin, Jr., MD	GS	114
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*	Jack F. Martin, MD	ORS	190
*	James A. Martin, MD	FP	062
*	LeeAnn Martin		218
*	Peter A. Martin, MD	P	222
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*	Robert G. Martin, MD		170
˜	William A. Martin, MD	IM	218
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	A. C. Martinez, MD	OBG	126
˜	Jesus A. Martinez, MD	OBG	222
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	Gary L. Martzke, MD	FP	106
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*	John A. Marvin, MD	IM	106
*	Robert C. Marvin, MD	OBG	222
*	Erhard H. Marz, MD	OBG	206
*	T. A. Mascarin, MD	OBG	222
*	Joseph W. Mashni, MD	U	090
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*	Neepa Maskai, MD	GS	190
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*	Christine T. Mason, MD	FP	106
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*	Oren W. Mason, MD	FP	106
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≡	William G. Mason, MD	PD	190
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*	Barbara M. Mathes, MD	D	090
*	Craig K. Matheson, DO	FP	166
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*	Thomas Mathew, MD	CD	174
*	Thomas K. Mathew, MD	U	206
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≡	Berton J. Mathias, MD	PD	062
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*	Ralph E. Mathis, MD	OBG	106
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*	Theodore J. Matuga, MD	R	198
*	Anatole C. Matulis, MD	P	222
*	Eugene W. Mauch, MD	OBG	090
*	Henry G. Mauer, MD	CDS	174
*	Katharine W. Mauer, MD	AI	174
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*	B. Kent Maupin, MD	ORS	106
*	James J. Maurer, MD	NS	034
*	John R. Maurer, MD	IM	106
	Harry G. Mauthe, MD	OM	222
	E. G. Mavromatis, MD	AN	090
	Michael L. Mawby, MD	RHU	070
*	Edward S. Maxim, MD	ORS	126
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	J. Michael Maxwell, MD	ORS	114
*	Donald G. May, MD	IM	102
	Robert C. May, MD	IM	218
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	Wolfgang W. May, MD	P	218
*	Theodore C. Maycroft, MD	PTH	106
	Gerry L. Mayer, MD	FP	138
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*	Duane G. Mayhew, MD	OTO	090
	James E. Mayle, MD	IM	090
*	Gary D. Maynard, MD	AN	102
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*	Ben R. Mayne, II, MD	ORS	190
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*	W. E. Barry Mayo, MD	ORS	174
*	Raymond L. Mayor, MD	OBG	174
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*	W. Patrick Mazier, MD	CRS	106
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*	John J. Mazur, MD	IM	014
	Paul Mazzara, MD	PTH	222
*	Robert J. Mazzeo, MD	GS	218
	Pamela Mazzoline, MD	P	090
*	Daniel S. Mazzuchi, MD	IM	134
*	Mark D. Mc Allister, MD	FP	222
*	Michael K. Mc Alvey, MD	FP	018
	Peter A. Mc Arthur, MD	FP	186
*	M. T. Mc Auliffe, MD	IM	114
*	Kevin D. Mc Bride, MD	FP	106
	Thomas J. Mc Bryan, MD	IM	222
*	Lyman M. Mc Bryde, MD	GS	222
*	John D. Mc Cabe, MD	EM	218
*	W. Peter Mc Cabe, MD	PS	222
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	Marion G. Mc Call, MD	OPH	222
*	Benjamin D. Mc Callister, MD	IM	218
*	Kevin M. Mc Cann, MD	DR	034
*	Peter M. Mc Cann, MD	OPH	174
*	Kathleen A. Mc Carroll, MD	DR	174
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*	Richard S. Mc Caughey, MD	GE	174
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*	Adam C. Mc Clay, MD	ORS	070
*	John M. Mc Clure, MD	IM	190
*	Cornelius E. Mc Cole, MD	OPH	222
	John A. Mc Coll, MD	ORS	102
*	Richard R. Mc Connell, MD	R	102
	William J. Mc Cool, MD	OTO	070
	Kevin J. Mc Cormick, MD	IM	106
*	Thomas F. Mc Cormick, MD	PTH	222
*	Thomas L. Mc Cormick, MD	DR	102
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*	Donald R. Mc Corvie, MD	FP	090
*	James Mc Court, MD	OBG	190
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	John W. Mc Crea, MD	GP	202
	Alfred G. Mc Cuaig, MD	FP	034
	David R. Mc Cubbrey, MD	GS	218
*	Frank B. Mc Cue, MD	FP	222
*	Hugh B. Mc Cullough, MD	FP	198
*	James D. Mc Cullough, MD	A	174
*	Kim L. Mc Cullough, MD	GS	042
*	William L. Mc Cullough, MD	U	170
	Sue Ann Mc Cutcheon, MD	IM	174
*	Bethany L. Mc Daniel		090
*	Mark L. Mc Dermott, MD	OPH	222
*	H. M. Mc Donald, MD	PTH	194
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*	Robert D. Mc Elhaney, MD	P	134
*	L. Robert Mc Elmurry, MD	GP	090
*	Leland R. Mc Elmurry, MD	GP	090
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*	Alan L. Mc Fadden, MD	AN	162
	Roscoe I. Mc Fadden, MD	GP	214
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	Ross W. Mc Farland		222
*	Earle J. Mc Garvah, MD	OBG	062
	Dennis E. Mc Geath, MD	PD	170
*	Harry B. Mc Gee, MD	OPH	190
*	John A. Mc Gee, MD	PTH	098
	John W. Mc Gee, MD	R	034
*	Matthew L. Mc Gee, MD	PM	222
	James S. Mc Geehan, MD	GS	206
*	John E. Mc Gillicuddy, MD	NS	218
	Kenneth D. Mc Ginnis, MD	R	222
*	Joseph W. Mc Goey, MD	D	222
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*	Gregor M. Mc Kendrick, MD	CD	174
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	Eugenia A. Mc Kim, MD	PD	174
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*	Joanne W. Mc Kune, MD	FP	222
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*	James T. Mc Laughlin, MD	CLP	222
*	John H. Mc Laughlin, MD	GS	174
*	John M. Mc Laughlin, MD	U	098
	Jasper E. Mc Laurin, MD	N	222
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	James A. Mc Lean, MD	A	218
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*	Richard D. Mc Leary, MD	DR	218
*	John T. Mc Lelland, MD	R	026
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*	Peter K. Mc Leod, MD	R	062
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Samuel Mendoza, MD	GP	222
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* David N. Mikhail, MD	PTH	170
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* Marsha Milburn, MD	FP	090
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* Hugh H. Miley, MD	OM	222
* David A. Milko, MD	OTO	102
* David J. Millard, MD	FP	214
* Amy C. Miller		222
Arthur C. Miller, MD	AN	174
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* Barry Miller, MD	PM	218
Barry L. Miller, MD	IM	062
Barry M. Miller, MD	P	218
Bruce K. Miller, MD	IM	174
* Donald E. Miller, MD	IM	014
* G. Robert Miller, MD	P	070
* George W. Miller, MD	GS	126
Herbert F. Miller, MD	IM	162
* Hubert Miller, MD	P	174
Irving M. Miller, MD	PD	174
J. Martin Miller, MD	END	222
* James J. Miller, MD	IM	090
* Joel A. Miller, MD	OPH	174
* John M. Miller, MD	IM	194
* John M. Miller, III, MD	PD	222
* Kristine E. Miller, MD	OBG	218
Lawrence F. Miller, MD	EM	174
* Lynn E. Miller, MD	P	134
Lynn K. Miller, MD	CD	222
* Michael J. Miller, MD	END	154
* Peter R. Miller, MD	DR	222
* Roger D. Miller, MD	CD	106
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Sidney Miller, MD	IM	174
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* Thomas I. Millman, MD	OPH	174
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Richard A. Mills, MD	U	222
* Anthony J. Miltich, MD	GS	062
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Byong G. Min, MD	IM	126
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Sudarsan Misra, MD	CD	062
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C. Leslie Mitchell, MD	GP	222
Daniel M. Mitchell, MD	FP	054
* David C. Mitchell, MD	ORS	222
* David J. Mitchell, MD	OPH	162
Jay P. Mitchell, MD	PD	174
* Jeffrey R. Mitchell, MD	GS	034
Karen B. Mitchell, MD	FP	174
* Lawrence C. Mitchell, MD	IM	222
Paul G. Mitchell, MD	IM	222
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* Keith Y. Miyamoto, MD	U	170
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*	Scott T. Monson, MD	ORS	222
	Eduardo M. Montales, MD	GS	222
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	Kenneth L. Moore, MD	N	218
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	Robert S. Morden, MD	PDS	174
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	Edilberto A. Moreno, MD	OBG	062
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*	John C. Morgan, MD	ORS	034
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*	Paul R. Morin, MD	PD	062
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	George M. Morley, MD	OBG	222
*	George W. Morley, MD	GYN	218
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	Booker T. Morris, MD	OBG	026
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*	Gerald W. Morris, MD	PD	126
	Joe D. Morris, MD	GS	218
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	Marva J. Morris, MD	PDA	222
	Roger H. Morris, MD	AN	222
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*	Steven M. Morris, MD	PS	154
*	Kenneth M. Morrison, MD	ORS	090
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Evelina M. Parial, MD	OPH	198
Rasik Parikh, MD	IM	174
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* Chanok H. Park, MD	IM	126
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* Chong Hoon Park, MD	IM	118
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* Jeffrey Parker, MD	IM	174
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* Meyer Pensler, MD	GS	222
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* Eric L. Peterson, MD	GS	222
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* Ronald D. Peterson, MD	GPM	222
* Thomas H. Peterson, MD	PD	106
Thomas R. Peterson, MD	ORS	218
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Louis A. Petruco, MD	IM	222
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* Benjamin F. Pettit, MD	ON	170
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* Thomas J. Petz, MD	PUD	222
Debra L. Peven, DO	N	222
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*	Robert Pool, MD	PS	174
*	Walter D. Pool, MD	OS	222
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*	Sonjai Poonpanij, MD	IM	174
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*	Eric J. Porter, MD	AN	222
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*	Robert J. Porter, Jr., MD	TS	162
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	Edward Y. Postma, MD	OBG	106
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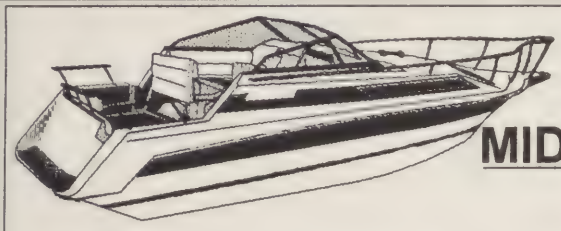
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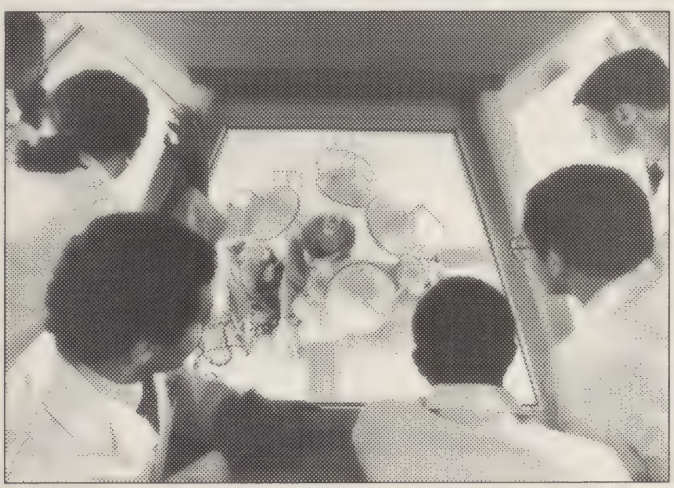
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* Glenn L. Smith, MD	GP	110
* Gregory F. Smith, MD	AN	174
H G. Smith, DO	ORS	090
* James B. Smith, Jr., MD	U	222
* James R. Smith, MD	ORS	102
Jeffrey F. Smith, MD	GS	074
Joann M. Smith, MD	OBG	174
Lawrence R. Smith, MD	EM	186
Mark S. Smith, MD	IM	070
* Maurice J. Smith, MD	GP	062
* Mervyn W. Smith, MD	FP	106
Michael D. Smith, MD	OBG	174
* Michael L. Smith, MD	ORS	174
* Michael W. Smith, MD	GP	218
Neal A. Smith, MD	FP	074
Patricia A. Smith, MD	PD	174
Paul G. Smith, MD	NEP	218
* Peter C. Smith, MD	AN	222
* Randolph E. Smith, MD	PTH	134
Richard H. Smith, MD	D	222
Rick J. Smith, MD	PS	090
Robert B. Smith, MD	IM	106
Robert D. Smith, MD	FP	030
Robert O. Smith, MD	GS	094
Roderick R. Smith, MD	CHP	062
* Roger F. Smith, MD	GS	222
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* Francisca S. Soliven, MD	PD	222
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William Solomon, MD	IM	174
Otto P. Soltes, MD	U	222
Douglas R. Soltysiak, MD	IM	050
Alan W. Solway, MD	OPH	222
Vicki L. Solway, MD	PD	174
* Michael E. Somand, MD	IM	222
M. Duane Sommerness, MD	P	070
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* Benjamin Son, MD	CD	026
Rodolfo S. Son, MD	IM	222
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* L. Paul Sonda, MD	U	218
* Hi C. Song, MD	PM	222
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* Matthew N. Songer, MD	ORS	134
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* Ashok R. Sonnad, MD	FP	074
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* Victor G. Sonnino, MD	NS	154
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* Yoram Sorokin, MD	OBG	222
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Jonathan S. Sorscher, MD	FP	218
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Freddy R. Sosa, MD	IM	174
Allen Sosin, MD	AI	174
* Carlos E. Sotomayor, MD	IM	062
* Ramon Souffront, MD	IM	174
* Diana C. Soulias, MD	FP	174
* Anthony C. Southall, MD	EM	222
* Carol S. Southland, MD	FP	162
C H. Southwick, MD	GS	106
Todd C. Space, MD	DR	070
Alfred J. Spagnuolo, MD	GP	090
Nancy P. Spangler, MD	PD	218
Robert D. Sparks, MD	IM	034
* Albert W. Sparrow, MD	PDC	090
* Ronald A. Sparschu, MD	DR	222
* Mervin J. Specht, MD	DR	054
Linda C. Speck, MD	P	174
* Lisa B. Speck, MD	IM	174
James F. Speers, MD	PH	038
Collis M. Spencer, MD	GS	034
* J. Clyde Spencer, MD	R	090
John R. Spencer, MD	GP	070
* Marshall S. Spencer, MD	CD	090
* Perry C. Spencer, MD	GP	090
Peter B. Spencer, MD	N	026

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** Asterisk beside name denotes AMA membership*

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	James E. Spens, MD	FP	014
*	Michael Sperl, MD	PM	174
*	Raymond D. Sphire, MD	AN	126
*	Eric Spickler, MD	DR	222
*	Alan V. Spigelman, MD	OPH	174
	Evangeline J. Spindler, MD	PYA	218
*	James R. Spindler, MD	FP	018
*	Adolph S. Spiro, MD	GP	222
*	Henry J. Spiro, MD	OPH	174
*	Mary Lou Spitz, MD	GS	174
*	Werner U. Spitz, MD	PTH	222
	Bertram J. Spiwak, MD	OBG	222
*	Earle W. Spohn, MD	GP	174
*	Mark T. Spoolstra, MD	IM	106
*	Thomas R. Spooner, MD	OTO	106
*	Thomas C. Spoor, MD	OPH	222
*	Carolyn P. Sprague, MD	AN	174
*	David S. Sprague, MD	P	098
*	F. Remington Sprague, MD	IM	162
*	Kevin J. Sprague, MD	ORS	222
*	William E. Sprague, MD	OBG	106
	John R. Spriegel, MD	IM	026
*	Sherman A. Sprik, MD	OTO	106
	Bruce C. Springer, MD	IM	106
*	Dawn E. Springer, MD	FP	090
*	Roland R. Springgate, MD	RHU	102
*	William A. Springstead, MD	PTH	070
	Carl J. Sprunk, MD	GS	222
*	Robert W. Sprunk, MD	PD	070
*	B. Srinivasan, MD	AN	190
*	Chander Srinivasan, MD	AN	190
*	Sambamurti Srinivasan, MD	GS	150
*	Samuel V. Srinivasan, MD	PM	190
	Pichai Sripaipan, MD	ORS	082
	Rajanee S. Sripaipan, MD	PD	082
*	Veera Sripinyo, MD	GS	222
*	Zbigniew M. Srodulski, MD	EM	102
*	Greg P. St. Claire, MD	AN	090
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*	Donald L. Stageman, MD	OTO	186
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*	Adelbert L. Stagg, MD	GP	214
*	Gerald A. Stair, MD	IM	218
*	Caren M. Stalburg, MD	OBG	218
	Benjamin B. Stamell, MD	CHP	222
*	Meyer Stamell, MD	FP	222
*	John F. Stamler, MD	OPH	106
	James D. Stamp, MD	FP	222
*	Aaron C. Stander, MD	GP	190
*	Mark E. Staniforth		222
	Stanko Stanisavljevic, MD	ORS	174
	James C. Stanley, MD	GS	218
*	Linda K. Stanley, MD	FP	026
*	James B. Stanton, MD	ORS	126
*	Theresa P. Stanton, MD	AN	222
*	William J. Starbird, MD	FP	110
*	Jared W. Stark, MD	PD	174
*	Richard A. Stark, MD	AN	102
	Shannon J. Starkweather		090
*	Marvin L. Starman, MD	P	174
*	Robert A. Starr, MD	OBG	090
*	David A. Start, MD	PTH	218
	Mary Staten-McCormick, MD	EM	102
*	Louis W. Staudt, MD	IM	222
*	Wilfred B. Staufer, MD	PD	102
	Laurence E. Stawick, MD	GE	222
*	Allen N. Stawis, MD	IM	126
*	Marek A. Stawiski, MD	D	106
*	Willard S. Stawski, MD	GS	106
	Bob P. Stchur		222
	Frederick C. Stebner, MD	R	062
	Frank M. Steele, MD	IM	102
*	Patricia L. Steele		222
*	Robert D. Steele, MD	R	174
*	Robert L. Steele, MD	CD	218
	William M. Steele, MD	ORS	070
	Marijo Steenstra, MD	OBG	102
	Charles A. Steepe, MD	PD	222
*	Rudy W. Stefancik, MD	PTH	082
*	Wayne K. Stefanciw, MD	U	070
*	Andrew E. Stefani, MD	PS	222
	William A. Stefani, MD	PS	222
	Ralph S. Steffe, MD	OBG	150
*	David J. Steffey, MD	R	070
	Joseph C. Steffey, MD	IM	070
*	Edward J. Stehouwer, MD	CRS	162
*	Malcolm D. Steider, MD	PD	030
*	Zwi Steiger, MD	GS	222
*	Albert H. Stein, MD	GE	222
	Hans J. Stein, MD	CRS	174
*	Harvey S. Stein, MD	PD	222
*	Lawrence N. Stein, MD	ORS	174
	Paul D. Stein, MD	IM	222
*	Saul C. Stein, MD	GP	222
	Steven E. Stein, MD	PS	174
	Steven M. Stein, MD	IMG	222
*	Albert L. Steinbach, MD	IM	222
	Barry Steinberg, MD		218
*	Eugene Steinberger, MD	IM	126
*	Starling D. Steiner, MD	OM	070
	Edward E. Steinhardt, MD	U	086
*	Milton J. Steinhardt, MD	P	222
*	Charles G. Steinke, MD	GP	054
	Carol L. Steltenkamp, MD	PD	174
	Edward M. Stempel, MD	PYA	174
*	Mark E. Stempihar, MD	OPH	066
*	Gary W. Stencel, MD	FP	126
	Winton E. Stephan, MD	IM	090
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Brigette K. Stern, MD	FP	126
Edward T. Stern, MD	AI	106
Leonard H. Stern, MD	GP	222
* Sheldon D. Stern, MD	OPH	174
* William K. Stetson, MD	FP	062
Georgine M. Steude, MD	AN	218
Charles E. Stevens, MD	FP	094
Mark C. Stevens, MD	FP	134
Michael A. Stevens, MD	IM	174
* Philip K. Stevens, MD	GS	062
Raymond Stevens, Jr., MD	IM	174
* Todd C. Stevens, MD	IM	106
Tommy S. Stevens, MD	FP	062
* John E. Stevenson, MD	NS	106
* Paul H. Stevenson, MD	AN	102
* Peter L. Stevenson, MD	OBG	222
Robert F. Stevenson, MD	OPH	042
Hyun A. Steward, MD	FP	158
* Daniel E. Stewart, MD	GS	102
* Daniel P. Stewart, MD	EM	102
Donald H. Stewart, MD	OPH	174
* Duncan E. Stewart, MD	R	034
* F. James Stewart, MD	FP	170
Kathleen H. Stewart, MD	PD	174
* Landis C. Stewart, MD	OPH	114
* Lewis L. Stewart, MD	IM	098
* Mark C. Stewart, MD	ORS	022
Robert B. Stewart, MD	AN	102
Robert M. Stewart, MD	OBG	222
Sharon M. Stewart, MD	OM	090
* William K. Stewart, MD	GP	030
* Judith E. Steyer, MD	FP	134
* Henry B. Stibitz, MD	IM	014
* Lawrence D. Stieglitz, MD	P	102
* Craig G. Stien, MD	OTO	134
* Mark A. Stiff, MD	D	222
Edward W. Stilwill, MD	DR	070
George D. Stilwill, MD	ORS	090
* Paul R. Stimson, MD	P	090
* Donald J. Stinar, MD	IM	034
* Harold N. Stinson, Jr., MD	AN	106
* Gerald S. Stipanuk, MD	IM	098
* Mack C. Stirling, MD	CDS	070
Dwight E. Stith, MD	GP	222
Robert H. Stobbelaar, MD	GS	186
* Richard Stober, MD	IM	174
* Thomas B. Stock, MD	CD	222
* Lawrence L. Stocker, MD	OPH	222
* Sharon L. Stocking, MD	DR	062
* Alan G. Stoddard, MD	AN	102
* James F. Stoddard, MD	OTO	022
* Sheldon S. Stoffer, MD	IM	174
G. Edward Stokes, MD	GS	070
* Robert L. Stoler, MD	IM	218
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* A. Kenneth Stolpman, MD	OBG	174
* Jon L. Stolte, MD	GS	174
* Allen J. Stone, MD	R	222
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* David Q. Stone, MD	OM	222
* Ethon L. Stone, MD	PD	098
* Julius Stone, MD	D	126
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* Kenneth A. Stoutenborough, MD	HEM	134
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Charles G. Stoyka, MD	IM	222
David A. Strahle, MD	DR	062
* David J. Straight, MD	IM	070
Richard E. Straith, MD	PS	174
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* Vernon F. Strand, MD	GS	026
* Ruth H. Strang, MD	PD	218
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* Mark D. Strauss, DO	DR	106
John W. Strayer, MD	GS	026
* Christopher H. Strayhorn, MD	IM	026
* Marcy L. Street, MD	D	090
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* Marc L. Strickler, MD	PM	218
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* Amadeo R. Sturla, MD	IM	222
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* Parul S. Sud, MD	IM	062
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Timur Sumer, MD	FP	062
Denwit Sumetanon, MD	IM	222
* Mike H. Summerer, MD	CD	102
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* Bilugali M. Sundara, MD	PD	022
* Alistair S. Sundareson, MD	PTH	222
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* James C. Sunstrum, MD	IM	222
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* Pongchayut Surapipith, MD	GS	062
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* Raymond H. Suwinski, MD	GP	222
* Masamichi Suzuki, MD	OBG	126
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* L. N. Swamy, MD	CD	134
* Jerome W. Swan, MD	OPH	106
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* Alfred B. Swanson, MD	ORS	106
* Genevieve D. Swanson, MD	PS	106
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* Nicholas Sward		090
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* Lawrence C. Sweet, MD	A	174
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* James J. Swetech, MD	IM	222
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* D. Emerick Szilagyi, MD	CD	222
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Margaret A. Szymanski, MD	OBG	126
Michael L. Szymanski, MD	FP	218
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* Romeo H. Tabbilos, MD	OBG	222
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* Rodman M. Taber, MD	OBG	106
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* Blane L. Tacia, MD	GS	098
* Daniel E. Tackabury		222
Douglas G. Tacket, DO	FP	026
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Albert J. Tactac, MD	U	222
Ayman Tadros, MD	FP	062
* David F. Tague, MD	DR	102
Zia E. Taheri, MD	NS	022
Meena Tahilramani, MD	PD	190
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* Bing T. Tai, MD	DR	090
* Joseph R. Tai, MD	IM	098
Syed S. Taj, MD	IM	222

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*	Akemi Takekoshi, MD	N	126
*	Mones Takriti, MD	IM	174
*	Walter J. Talamonti, MD	IM	222
*	Frank G. Talbot, MD	OM	222
*	Joseph E. Talbot, MD	R	190
*	Kathryn W. Talbot, MD	PD	174
*	Lawrence G. Talbot, MD	OPH	174
	J. D. Talbott, DO	GS	090
*	Timothy M. Talbott, MD	CRS	106
	Ghalib Y. Talia, MD	CRS	174
	Sarveswararao Talla, MD	PD	222
	Robert W. Talley, MD	IM	222
	Frederick N. Talmers, MD	CD	222
	Janet L. Talmo, MD	FP	106
	Gary B. Talpos, MD	GS	222
*	Samuel E. Talsma, MD	AN	218
	Paul K. Tam, MD	PTH	026
*	Dori Tamagne		090
	Martin S. Tamler, MD	PM	174
*	Usha R. Tampi, MD	IM	158
*	Ben G. Tan, MD	OPH	222
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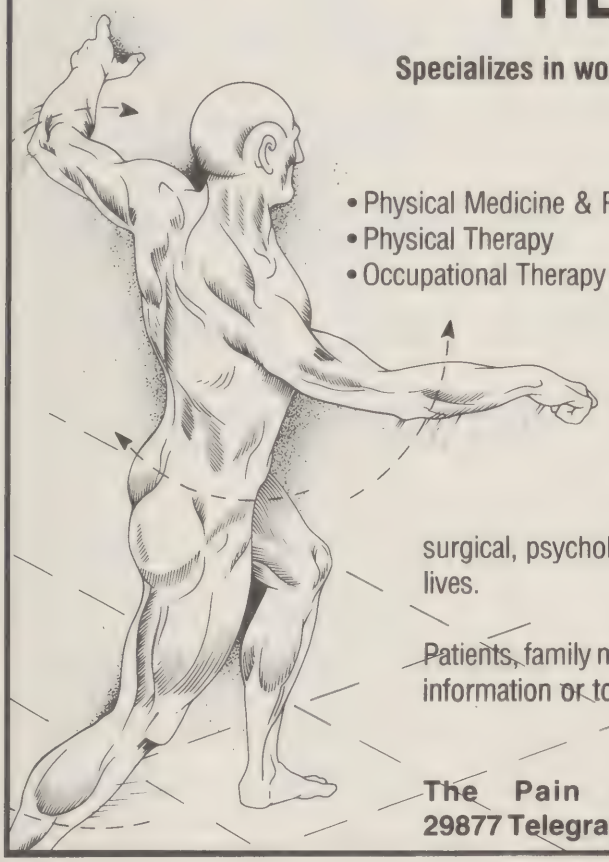
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Franklin V. Wade, MD	GS	070	
Frazer A. Wadenstorer, MD	PUD	062	
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*	John F. Walstrum, MD	FP	010
*	David T. Walsworth, MD	FP	222
*	Alexander J. Walt, MD	GS	222
*	Daniel L. Walter, MD	FP	062
*	Edite B. Walter		090
*	James Walter, MD	IM	062
*	Norman E. Walter, MD	ORS	062
*	Randall R. Walter, MD	DR	222
*	William J. Walter, MD	PTH	102
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*	Larry R. Walton, MD	HSO	102
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*	William S. Ward, MD	ORS	174
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	Michael A. Warlick, MD	PUD	102
	Elizabeth J. Warner		090
*	Frederick H. Warner, MD	OBG	174
*	Aaron K. Warren, MD	GP	038
	Bernice K. Warren, MD	IM	222
	Irving A. Warren, MD	GE	222
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*	Tarik Wasfie, MD	GS	062
	Edward P. Washabaugh, MD	AN	218
*	Barbara Washington		222
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*	Duane L. Waters, MD	PD	204
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*	John A. Waters, MD	OPH	062
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*	James K. Watkins, MD	U	106
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*	Kay E. Watnick, MD	D	174
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*	Harwood G. Watson, MD	OBG	222
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*	Robert M. Weber, MD	FP	062
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*	Fred L. Wedeking, MD	EM	102
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•PR counselors to Michigan hospitals.
•Public relations, marketing and media training for Michigan physicians.

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Alphabetical Listing of MSMS Members

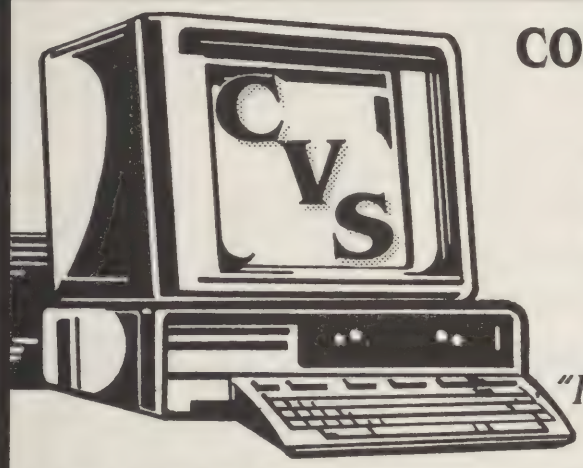
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* Peter J. Wiebenga, MD	EM	106
* David H. Wiedemer, MD	GE	090
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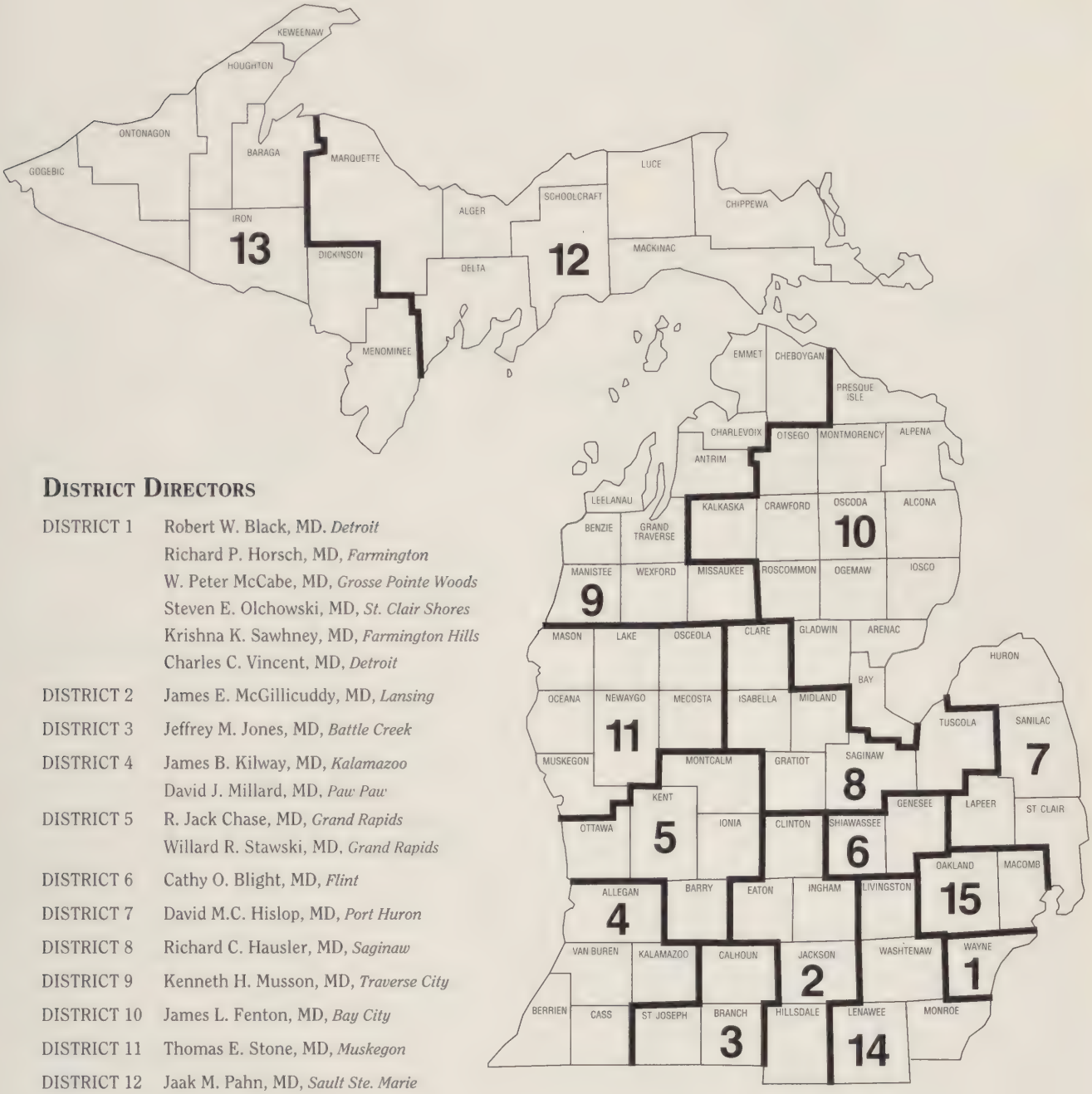
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Guide to Member Districts and District Directors



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DISTRICT 1	Robert W. Black, MD. *Detroit* Richard P. Horsch, MD, *Farmington* W. Peter McCabe, MD, *Grosse Pointe Woods* Steven E. Olchowski, MD, *St. Clair Shores* Krishna K. Sawhney, MD, *Farmington Hills* Charles C. Vincent, MD, *Detroit*
DISTRICT 2	James E. McGillicuddy, MD, *Lansing*
DISTRICT 3	Jeffrey M. Jones, MD, *Battle Creek*
DISTRICT 4	James B. Kilway, MD, *Kalamazoo* David J. Millard, MD, *Paw Paw*
DISTRICT 5	R. Jack Chase, MD, *Grand Rapids* Willard R. Stawski, MD, *Grand Rapids*
DISTRICT 6	Cathy O. Blight, MD, *Flint*
DISTRICT 7	David M.C. Hislop, MD, *Port Huron*
DISTRICT 8	Richard C. Hausler, MD, *Saginaw*
DISTRICT 9	Kenneth H. Musson, MD, *Traverse City*
DISTRICT 10	James L. Fenton, MD, *Bay City*
DISTRICT 11	Thomas E. Stone, MD, *Muskegon*
DISTRICT 12	Jaak M. Pahn, MD, *Sault Ste. Marie*
DISTRICT 13	David H. Gilbert, MD, *Laurium*
DISTRICT 14	Fred E. Patterson, MD, *Jackson* Rhoda M. Powsner, MD, *Ann Arbor*
DISTRICT 15	Peter A. Duhamel, MD, *Rochester* John H. McLaughlin, MD, *Birmingham* Frederick V. Minkow, MD, *Bloomfield Hills* Earl G. Moehn, MD, *Mt. Clemens*

EXECUTIVE DIRECTOR William E. Madigan

Guide to County Medical Societies and Key Contacts

Every county medical society is represented on the MSMS Board of Directors by one or more elected physicians, depending on the size of that group's membership. In addition, an MSMS staff member is assigned as liaison and resource person to each county society. The names of the Board representatives and MSMS staff liaisons are listed below. Also included are the names of the county medical societies executives and addresses for the 17 counties which have executive offices.

ALLEGAN
Board Director:
James B. Kilway, MD
David J. Millard, MD
Staff:
John Richards
Valerie Barker
Dawn Reha

ALPENA-ALCONA-PRESQUE ISLE
Board Director:
James L. Fenton, MD
Staff:
Richard Campau

BARRY
Board Directors:
R. Jack Chase, MD
Willard S. Stawski, MD
Staff:
Greg Aronin

BAY
Board Director:
James L. Fenton, MD
Staff:
Richard Campau

Executive Secretary/Office:
Teri L. Vallier
1900 Columbus Ave.
Bay City, MI 48708
(517) 894-3795

BERRIEN
Board Directors:
James B. Kilway, MD
David J. Millard, MD
Staff:
John Richards
Valerie Barker
Dawn Reha

Executive Director/Office:
Eunice S. Ott
11159 Red Arrow Hwy.
P.O. Box C-2
Bridgman, MI 49106
(616) 465-5858

BRANCH
Board Director:
Jeffrey M. Jones, MD
Staff:
Betty McNerney
Claudia Skutar

CALHOUN
Board Director:
Jeffrey M. Jones, MD
Staff:
Betty McNerney
Claudia Skutar

Executive Director/Office:
Hilda Sundberg
76 N. Union St.
Battle Creek, MI 49017
(616) 964-0456

CASS
Board Director:
James B. Kilway, MD
David J. Millard, MD
Staff:
John Richards
Valerie Barker
Dawn Reha

CHIPPEWA-MACKINAC
Board Director:
Jaak M. Pahn, MD
Staff:
David Fox

CLINTON
Board Director:
James E. McGillicuddy, MD
Staff:
Judy Marr
Tom Seely

DELTA
Board Director:
Jaak M. Pahn, MD
Staff:
David Fox

DICKINSON-IRON
Board Director:
David H. Gilbert, MD
Staff:
David Fox

EATON
Board Director:
James E. McGillicuddy, MD
Staff:
Judy Marr
Tom Seely

GENESEE
Board Director:
Cathy O. Blight, MD
Staff:
Julie Lester
Jerry Trahan

Executive Director/Office:
Peter A. Levine
806 Tuuri Place
Flint, MI 48503
(810) 238-3781
Fax: (810) 238-3792

GOGEBIC
Board Director:
David H. Gilbert, MD
Staff:
David Fox

GRAND TRAVERSE-LEELANAU-BENZIE
Board Director:
Kenneth H. Musson, MD
Staff:
Mary Anne Ford
Joyce Nurenberg

GRATIOT
Board Director:
Richard C. Hausler, MD
Staff:
Tom Wolff

HILLSDALE
Board Director:
James E. McGillicuddy, MD
Staff:
Judy Marr
Tom Seely

HOUGHTON-BARAGA-KEWEENAW
Board Director:
David H. Gilbert, MD
Staff:
David Fox

HURON
Board Director:
David M. C. Hislop, MD
Staff:
Sherry Fent
Stacy Kohmetscher

Guide to County Medical Societies and Key Contacts

INGHAM
Board Director:
James E. McGillicuddy, MD
Staff:
Judy Marr
Tom Seely

Executive Director/Office:
Margo Hoornstra
1305 Abbott Rd., Ste.106
East Lansing, MI 48823
(517) 336-9019

IONIA-MONTCALM
Board Directors:
R. Jack Chase, MD
Willard S. Stawski, MD
Staff:
Greg Aronin

IOSCO-ARENAC
Board Directors:
James L. Fenton, MD
Staff:
Richard Campau

ISABELLA-CLARE
Board Director:
Richard C. Hausler, MD
Staff:
Tom Wolff

JACKSON
Board Director:
Thomas D. Harris, MD
Staff:
Judy Marr
Tom Seely

Executive Director/Office:
Richard L. Ambs
338 Franklin
P.O. Box 1325
Jackson, MI 49204
(517) 784-5682

KALAMAZOO
Board Director:
James B. Kilway, MD
David J. Millard, MD
Staff:
John Richards
Valerie Barker
Dawn Reha

Executive Director/Office:
Susan Saewert
350 E. Michigan, Ste.500
Kalamazoo, MI 49007
(616) 342-0226
Fax: (616) 342-0226

KENT
Board Directors:
R. Jack Chase, MD
Willard S. Stawski, MD
Staff:
Greg Aronin

Executive Director/Office:
William G. McClimans Jr.
1400 Michigan St. NE
Grand Rapids, MI 49503
(616) 458-4157
Fax: (616) 458-3305

LAPEER
Board Director:
David M. C. Hislop, MD
Staff:
Sherry Fent
Stacy Kohmetscher

LENAWEE
Board Directors:
Fred E. Patterson, MD
Rhoda M. Powsner, MD
Staff:
Debbie Zannoth

LIVINGSTON
Board Directors:
Fred E. Patterson, MD
Rhoda M. Powsner, MD
Staff:
Debbie Zannoth
Barb Zimmerman

LUCE
Board Director:
Jaak M. Pahn, MD
Staff:
David Fox

MACOMB
Board Directors:
Peter A. Duhamel, MD
John H. McLaughlin, MD
Frederick V. Minkow, MD
Earl G. Moehn, MD
Staff:
Kevin Kelly

Executive Director/Office:
Shirley Montagne
36359 Harper, Ste. B
Clinton Twp, MI 48305
(810) 790-3090
Fax: (810) 790-4950

MANISTEE
Board Director:
Kenneth C. Musson, MD
Staff:
Mary Anne Ford
Joyce Nurenberg

MARQUETTE-ALGER
Board Director:
Jaak M. Pahn, MD
Staff:
David Fox

Executive Director/Office:
Robert H. Manning
P.O. Box 68
Marquette, MI 49855

MASON
Board Director:
Thomas E. Stone, MD
Staff:
Tom Plasman

MECOSTA-OSCEOLA-LAKE
Board Director:
Thomas E. Stone, MD
Staff:
Tom Plasman

MENOMINEE
Board Director:
David H. Gilbert, MD
Staff:
David Fox

MIDLAND
Board Director:
Richard C. Hausler, MD
Staff:
Tom Wolff

Executive Secretary/Office:
Beverly Wackerle
4005 Orchard Dr.
Midland, MI 48640
(517) 631-6030

MONROE
Board Directors:
Fred E. Patterson, MD
Rhoda M. Powsner, MD
Staff:
Debbie Zannoth
Barb Zimmerman

MUSKEGON
Board Director:
Thomas E. Stone, MD
Staff:
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Executive Director/Office:
Barbara Hansen
P.O. Box 445
Muskegon, MI 49443
(616) 728-4652

NEWAYGO
Board Director:
Thomas E. Stone, MD
Staff:
Tom Plasman

NORTH CENTRAL
Board Director:
James L. Fenton, MD
Staff:
Richard Campau

NORTHERN MICHIGAN
Board Director:
Kenneth H. Musson, MD
Staff:
Mary Anne Ford
Joyce Nurenberg

OAKLAND
Board Directors:
Peter A. Duhamel, MD
John H. McLaughlin, MD
Frederick V. Minkow, MD
Earl G. Moehn, MD
Staff:
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Executive Director/Office:
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Guide to County Medical Societies and Key Contacts

OCEANA
Board Director:
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Staff:
Tom Plasman

ONTONAGON
Board Director:
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Staff:
David Fox

OTTAWA
Board Directors:
R. Jack Chase, MD
Willard S. Stawski, MD
Staff:
Greg Aronin

SAGINAW
Board Director:
Richard C. Hausler, MD
Staff:
Tom Wolff

Executive Director/Office:
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Saginaw, MI 48602
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ST.CLAIR
Board Director:
David Moore Hislop, MD
Staff:
Sherry Fent
Stacy Kohmetscher

Executive Secretary/Office:
Bonnie Swegles
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Port Huron, MI 48061
(810) 985-1500

ST. JOSEPH
Board Director:
Jeffrey M. Jones, MD
Staff:
Betty McNerney
Claudia Skutar

SANILAC
Board Director:
David M. C. Hislop, MD
Staff:
Sherry Fent
Stacy Kohmetscher

SCHOOLCRAFT
Board Director:
Jaak M. Pahn, MD
Staff:
David Fox

SHIAWASSEE
Board Director:
Cathy O. Blight, MD
Staff:
Julie Lester
Jerry Trahan

TUSCOLA
Board Director:
Richard C. Hausler, MD
Staff:
Tom Wolff

VAN BUREN
Board Director:
James B. Kilway, MD
David J. Millard, MD
Staff:
John Richards
Valerie Barker
Dawn Reha

WASHTENAW
Board Directors:
Fred E. Patterson, MD
Rhoda M. Powsner, MD
Staff:
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Barb Zimmerman

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Ann Arbor, MI 48103
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WAYNE
Board Directors:
Robert W. Black, MD
Steven E. Olchowski, MD
Richard P. Horsch, MD
W. Peter McCabe, MD
Krishna K. Sawhney, MD
Charles C. Vincent, MD
Staff:
William E. Madigan

Executive Director/Office:
Kathleen Maslanka
1010 Antietam Rd.
Detroit, MI 48207
(313) 567-1640
Fax: (313) 567-2065

WEXFORD-MISSAUKEE
Board Director:
Kenneth H. Musson, MD
Staff:
Mary Anne Ford
Joyce Nurenberg

1995

MICHIGAN STATE MEDICAL SOCIETY



Specialty Listing

Alphabetical Listing of MSMS Members by Specialty

** Asterisk beside name denotes AMA membership*

A-Allergy

* Edward Alpert, MD 126
William Appel, MD 102
Emily W. Bandera, MD 218
* Peter P. Barlow, MD 174
* James T. Bishop, MD 070
* Douglas H. Blanks, MD 222
J. Daniel Clifford, MD 098
* Leonard L. Di Lella, MD 222
Alex S. Friedlaender, MD 174
* Rasem D. Ghannam, MD 090
Ben L. Gold, MD 218
* Jack E. Goodwin, MD 190
* Frank S. Greenslit, MD 222
Benjamin R. Gutow, MD 222
* Hilda M. Hensel, MD 158
* Martin E. Hurwitz, MD 218
Salah Itani, MD 222
Achin Kim, MD 174
* James O. Lawrence, MD 102
* Lawrence E. Lee, MD 126
* John M. Lesesne, MD 222
Raka Mahajan, MD 222
* C. Maternowski, MD 106
Kenneth P. Mathews, MD 218
* James D. Mc Cullough, MD 174
* James L. Mc Donald, MD 102
James A. Mc Lean, MD 218
* Myrna R. Meneses, MD 134
* Kanwal Mohan, MD 090
* Frank A. Munden, Jr., MD 186
* S. William Paris, MD 174
* Lawrence I. Pasik, MD 174
Arnold M. Podolsky, MD 174
Paul D. Radgens, MD 222
* Evan J. Reinders, MD 162
Ulrich O. Ringwald, MD 174
* Allan I. Salomon, MD 174
Ernst O. Schreiber, MD 062
* Leonard Schreier, MD 174
Asadollah Shahideh, MD 174
* Ling T. Shih, MD 154
* Timothy A. Smith, MD 190
* Benjamin J. Stone, MD 090
* Lawrence C. Sweet, MD 174
Harold C. Swenson, MD 106
* Richard K. Von Maur, MD 102
* B. David Wilson, MD 102

ADL-Adolescent Medicine

Irene S. Danek, MD 070

AI-Allergy and Immunology

* Suresh Anne, MD 062
Diane L. Baranowski, MD 222
Joel A. Beene, MD 062
James C. Breneman, MD 102
* Nancy J. Brooke, MD 106
Cory E. Cookingham, Jr., MD 062
* Clyde R. Flory, MD 090
* James G. Fordyce, MD 222
Sidney Friedlaender, MD 174
* Karyn E. Gell, MD 106
* Leonard S. Gell, MD 106
* Raymond L. Gonzalez, MD 106
* Julius J. Greenberg, MD 222
* Satish K. Gupta, MD 090
* Herald A. Habenicht, MD 026
* Michael J. Hepner, MD 174
Richard J. Horbal, MD 154
Homer A. Howes, MD 222
Thomas L. Joliat, MD 174
Bobby Joseph, MD 134
Steven M. Kreshover, MD 174
* Alan Kwaselow, MD 174
* Marshall A. Mac Donald, MD 102
* Hugh L. Mackechnie, MD 222
* Ilie Magdea, MD 222
* Katharine W. Mauer, MD 174
* Selma S. Moss, MD 222
* Helen A. Papaioanou, MD 222
* Michael S. Rowe, MD 174
Mohammedi N. Savliwala, MD 174
Michael R. Simon, MD 222
Allen Sosin, MD 174
Edward T. Stern, MD 106
* Richard R. Townley, MD 106
* Jeffrey Tulin-Silver, MD 174

AM-Aerospace Medicine

David L. Hammer, MD 106
* Gilbert J. Sales, MD 106

AN-Anesthesiology

* Eduardo C. Abellana, MD 222
* Saliem M. Abrahams, MD 174
* Romulo T. Abueva, MD 102
Sabah E. Acho, MD 174
* Mohan V. Achwal, MD 062
Elizabeth H. Adamson, MD 142
* Bruce T. Adelman, MD 090
* Cesar V. Alcid, MD 062
* Gaylord D. Alexander, MD 222
* Taufiek Alhadi, DO 222
* Siraj N. Alseri, MD 218
* Julian A. Alvarez, MD 222
* Randall J. Amis, MD 222
* Jon C. E. Anderson, MD 226
* Mary Appelt, MD 106
Daniel J. Applefield, MD 062
* Pratap K. Aravapalli, MD 062
* Severo R. Armada, MD 222
* Ralph F. Askam, MD 162
J Askanazi, MD 094
* Mark B. Atkinson, MD 102
* David K. Austin, MD 074
Shirley Austin, MD 222
* Eugene H. Axelrod, MD 218
Bala C. Aysola, MD 062
* Bruce H. Baker, MD 106
* Edgardo C. Balde, MD 062
Nestor L. Balisi, MD 186
Angelita M. Baluyut, MD 222
Jayson W. Barnett, MD 114
* Edward G. Bartholomew, MD 174
* Ralph E. Bauer, MD 222
* Lawrence A. Bauss, MD 102
John T. Bautista, MD 222
* Donald E. Beaudoin, MD 106
* Roderick W. Beer, MD 218
* Jeffrey L. Belkin, MD 174
David A. Bell, MD 170
Narayana Bellamkonda, MD 222
* Steven M. Benecke, MD 218
Lee E. Berens, MD 186
* Paula M. Berg, MD 218
* Gerald Berlin, DO 106
Charles J. Berman, MD 174
Kenneth J. Betten, MD 102
Hans A. Beyer, MD 174
* Bert M. Bez, DO 090
Kumbla P. Bhakta, MD 062
* Bharathi I. Bhat, MD 026
Nina Bhosley, MD 218
Mark J. Bielaczyc, MD 170
Dixon L. Bieri, MD 026
Wilbur R. Birk, MD 102
* James Bischoff, MD 218
Eugene E. Bleil, MD 090
* Wayland G. Blikken, MD 186
Rosemarie Blosen, MD 222
Robert A. Blumberg, DO 222
* John D. Boldan, MD 042
* Maurice C. Borin, MD 222
* Ricardo D. Borrego, MD 222
William S. Boutwell, MD 186
Randall E. Bowsman, DO 194
* Eugene H. Boyle, MD 222
* Carsten P. Boysen, MD 162
* Peter M. Bozeman, MD 218
* James R. Bradford, MD 102
Peter B. Brand, MD 190
* Caridad B. Bravo-Fernandez, MD 222
* Allan C. D. Brown, MD 218
* Eli M. Brown, MD 222
* Mark R. Bruni, MD 174
* Garry J. Bundy, MD 022
Raymond C. Bush, MD 154
John G. Calwell, MD 222
Marcelo C. Canlas, MD 034
* Napoleon N. Capili, MD 222
William M. Capina, MD 190
* Roque L. Carbajo, MD 222
Noel T. Carlson, DO 218
Samuel H. Carter, MD 218
* Douglas H. Castleman, MD 018
Gregorio R. Caturay, MD 222
Andrew F. Caughey, MD 218
Albert J. Ceravolo, MD 222
Mahmoud Chafty, MD 194
* Michael D. Chafty, MD 218
T. Chairatana, MD 222
Wayne A. Chambers, MD 222
* Suk J. Chang, MD 090
* Kathleen E. Chase, MD 106
* George J. Chatas, MD 218
* John W. Chatas, MD 218
* Young H. Chi, MD 126
Young H. Chi, MD 090
* Antonio M. Chiasson, MD 162
* Elie J. Chidiac, MD 222
* Kyn Hong Cho, MD 222
Don S. Choe, MD 026
Byong-Du Choi, MD 090
* Yung S. Choi, MD 026
Paul M. Chovaz, MD 162
Julian C. Chua, MD 062
Hyuk Chung, MD 218
* Yong S. Chung, MD 062
* Jeffrey K. Clark, MD 222
* Mark D. Clark, MD 102
Harriet A. Clarke, MD 174
* William E. Clay, MD 126
* Parish B. Cleveland, MD 222
* Robert G. Cline, MD 070
David J. Cohen, MD 174
John F. Coleman, MD 070
* Beverly A. Collier, MD 090
* James U. Collins, MD 106
Edward D. Conner, MD 114
Franklin T. Cookinham, MD 222
* Robert J. Coombs, DO 014
* Thomas H. Corbett, MD 218
* Jon P. Cowan, MD 106
* William D. Cowan, MD 162
* Nicholas Csonka, MD 022
* Sergio Q. Cuison, MD 162
* James C. Culver, MD 062
* Michael J. Curtin, MD 070
* Diane M. Czuk-Smith, MD 222
* Alan A. D'Augustine, DO 222
* David A. Danley, MD 222
* Thomas E. Daufenbach, MD 102
Kenneth R. Davies, MD 222
R. Eric Davies, MD 174
* Fred N. Davis, MD 106
Thomas B. Davis, MD 106
Thomas J. DeKornfeld, MD 218
Thomas E. Del Giorno, MD 096
* Peter A. Del Giudice, MD 222
* Vincent R. Delasalas, MD 022
* George T. Demian, MD 222
E. D. Deocampo, MD 126
* Kuldip S. Deogun, MD 174
Hemant D. Desai, MD 062
Piyush K. Desai, MD 222
Prakash R. Dhadphale, MD 134
Raniero Di Piero, MD 222
Richard S. Dillman, MD 218
* Khalil Dirani, MD 222
* Dennis W. Dobritt, DO 174
* Marc K. Domsky, MD 222
James F. Donohue, MD 218
* Michael J. Dorsey, MD 218
Douglas J. Doty, DO 186

Alphabetical Listing of MSMS Members by Specialty

** Asterisk beside name denotes AMA membership*

AN-Anesthesiology

AN-Anesthesiology

* Bret H. Doud, MD	106
D. Dean Downs, MD	106
Paul A. Dowsett, MD	102
Zofia J. Drozdowska, MD	222
* Gary M. Druskovich, MD	102
* Vincent J. Dube, MD	096
* David L. Dull, MD	106
Paul R. Dumke, MD	222
* M. Tim Dunfee, MD	102
* Bryan J. Dunlop, MD	102
* Jean-Paul J. Dupuis, MD	194
* Theodore E. Dushane, MD	218
Richard L. Ellison, MD	154
Gerhard C. Endler, MD	222
Ann M. Ernst, DO	194
John D. Everett, MD	090
Alena Fabian, MD	090
* Yale S. Falick, MD	174
* Paul J. Fatum, MD	106
* Maureen S. Fedeson, MD	222
Jack A. Fiebing, MD	070
* Jonathon R. Fiebing, MD	070
Felipe B. Figuracion, MD	214
Jay S. Finch, MD	218
* Kevin E. Fitzgerald, MD	106
* R. Michael Flores, MD	222
* William J. A. Ford, MD	206
Kenneth J. Forster, MD	190
Michael L. Fozo, MD	222
* G. C. Frederickson, MD	222
Sanders A. Frye, MD	170
* Samir F. Fuleihan, MD	222
Fathy S. Gabriel, MD	222
* Robert J. Galacz, MD	222
Maurice M. Galliani, MD	114
* Richard P. Gallucci, MD	158
* Navora Gapas-Cuison, MD	162
* Mario D. Gatchalian, MD	106
* Luisa J. Gatmaitan, MD	222
David E. Gearring, MD	026
* Thomas M. George, MD	102
Jay H. Globerson, MD	174
* Robert Goldberger, MD	106
* Arvinda R. Golwala, MD	222
Dale A. Gonzales, MD	174
* Mark L. Gostine, MD	106
Michael Gross, MD	096
≡ Robert A. Guild, DO	094
Peregrino A. Guillen, MD	194
Ramabrahman Gullapalli, MD	174
Subhash C. Gupta, MD	090
* Halim D. Haber, MD	222
John W. Haddad, MD	222
Gilbert W. Hague, MD	174
Arthur S. Haight, MD	098
* James H. Harper, MD	222
Daniel L. Hass, MD	222
* Kent R. Hay, MD	090
Eric R. Haynes, MD	090
* David P. Hejna, MD	106
* Robert C. Henry, MD	218
D W. Hesselschwerdt, MD	106
Tim A. Hestness, MD	154
Curtis E. Hightower, MD	034
* Rekha J. Hodarkar, MD	222
Albertus J. Hoffs, MD	106
Willard S. Holt, Jr., MD	222
* Gregory S. Hondorp, MD	106
* Robert J. Hoolsema, MD	106
Virgil R. Hooper, MD	062
* Richard P. Horsch, MD	222
* Timothy G. Howell, MD	106
Clare C. Huggett, MD	090
≡ Soo Y. Hwang, MD	062
Tin-Chaw Hwang, MD	218
Perlita P. Ilem, MD	190
Richard A. Jackson, MD	018
Aurelia D. Jamerson, MD	222
* David P. Jankowski, DO	222
In S. Jeon, MD	126
≡ Marvin R. Jewell, MD	222
Harold C. Johnson, MD	102
* Daniel W. Johnston, MD	106
* Kathleen M. Joyce, MD	222
* Daniel G. Judge, MD	026
* E. Patrick Juras, MD	174
* Michael G. Kaiser, MD	102
* Jon M. Kaliszewski, MD	095
* Vairamuttu Kanagarasa, MD	222
Archibald V. Kane, MD	222
* Song G. Kang, MD	222
Vijaya Kanumilli, MD	222
* Jeanne M. Kapenga, MD	090
Ramesh Kaza, MD	222
Swarajyam Kaza, MD	174
* Dennis M. Keene, MD	022
* Carolyn J. Keith, MD	070
≡ Paul M. Kempen, MD	114
Riad G. Khoury, MD	174
Ziyadeh M. Khoury, DO	062
* Ray F. Kiefer, MD	162
* Venkata Kilaru, MD	062
Dong I. Kim, MD	186
* Edward N. Kim, MD	222
* Gun Y. Kim, MD	062
* Hyo S. Kim, MD	222
* Jin G. Kim, MD	222
* Jong M. Kim, MD	062
Jung-Whan Kim, MD	174
* Kwonsoo K. Kim, MD	222
Min H. Kim, MD	190
Sang Y. Kim, MD	050
* Si Y. Kim, MD	126
* Jeffrey Kimpson, MD	174
Walter T. Kirsten, MD	026
* Mary S. Kitchel, MD	186
* Nancy P. Kivell, MD	106
* Robert S. Klautky, MD	222
* Kevin E. Klimek, MD	218
* Timothy P. Knapman, MD	222
* Aruna K. Kode, MD	098
Natalio Kogan, MD	222
Dinesh P. Koirala, MD	222
Sujatha Kotamraju, MD	222
Clifford S. Kozlow, MD	174
* David M. Krhovsky, MD	106
Frank J. Krhovsky, MD	106
Edmund M. Krigbaum, MD	218
* Henry R. Kroll, MD	222
Fook C. Kuet, MD	062
* Prem C. Kundi, MD	046
* Vimala E. Kunjappan, MD	222
* John E. Kurtz, MD	222
* Ada B. Kusnetz, MD	174
* Violeta P. Lara, MD	134
* Horacio G. Lardo, MD	126
Homer I. Larson, MD	090
* Ronald R. Larson, MD	222
≡ Mark P. Laughlin, MD	106
Michael C. Lawlor, DO	222
* David W. Learned, MD	218
* Charles R. Lee, DO	022
≡ Daniel C. Lee, MD	174
Frank Lee, MD	222
Hai S. Lee, MD	026
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≡ Steven P. Lengyel, MD	218
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* Elmon Oliver, Jr., MD	102
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* Barbara Ann Page, MD	102
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* Kondraganti P. Rao, MD	126
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John R. Rasmussen, MD	170
≡ Renato L. Raymundo, MD	174

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*	Kallam S. Reddy, MD	222
	Michael Reines, MD	130
	Robert E. Rensch, MD	102
	Renato C. Reyes, MD	126
	Byung C. Rhee, MD	026
*	David H. Ripper, MD	070
*	John C. Rivard, MD	218
	Sean M. Rivard, MD	070
*	Eric J. Robb, MD	194
*	John H. Robbert, MD	106
*	Charles B. Roesch, MD	162
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*	Kenneth A. Rongey, MD	106
*	Honorio S. Ronquillo, MD	222
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*	Renato S. Roxas, MD	222
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*	Newton C. Ruch, MD	174
*	Kenneth S. Rudman, MD	090
*	Emilio Rusciano, MD	174
*	Thomas E. Ryan, MD	158
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*	Celso C. Samaniego, MD	062
	Satwant K. Samra, MD	218
	Ariston C. Sandoval, MD	126
*	Jon A. Santiago, MD	062
	William A. Sautter, MD	098
	Joseph S. Sazyc, MD	222
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*	Sharon M. Schafer, MD	174
*	James Scharphorn, MD	078
*	Edward P. Scheidler, MD	070
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*	Susan K. Schmiege, MD	190
*	Charles R. Schmitter, MD	218
*	John J. Schram, DO	162
*	Paula A. Schriemer, MD	102
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*	Gokuldas H. Shanbhag, MD	174
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*	Marc H. Sink, MD	106
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*	Harold N. Stinson, Jr., MD	106
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*	Gregory J. Waters, MD	106
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*	Milford E. Wenokur, MD	222
*	Donald G. Weston, III, MD	106
*	Marianne Whowell, MD	218
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*	Stephen L. Winston, MD	106
*	Douglas F. Wiseman, MD	106
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*	Marcos A. Zuazu, MD	222
	Henry J. Zukowski, MD	222
*	Phillipa L. Zylanoff, MD	222

CD-Cardiovascular Diseases

AS-Abdominal Surgery

*	Daniel J. Benishek, MD	054
	John R. Bruni, MD	026
	Guillermo P. Cabrera, MD	174
	Ray W. Chamberlain, MD	096
*	Avison Gano, MD	214

ATP-Anatomic Pathology

*	Michael P. Abrash, MD	090
*	Qazi S. Azher, MD	062
	Wendy P. Carter, MD	194
	James F. Clark, MD	130
*	John D. Crissman, MD	222
	Laning R. Davidson, MD	222
	Pradeep P. Dhital, MD	222
	Julio H. Garcia, MD	222
*	David M. Graham, MD	106
	James R. Hall, MD	150
	Nicholas J. Hruby, MD	022
	Patricia M. Novak, DO	098
*	David E. Sharp, MD	106
*	Daniel P. Snower, MD	222
	Daniel W. Visscher, MD	222
	Frederick S. Wreford, MD	190

CCM-Critical Care Medicine (Internal Medicine)

*	Morris Brown, MD	222
*	Robert F. Johnson, MD	106
*	James T. Love, MD	222

CD-Cardiovascular Diseases

	Mahmud U. Ahmed, MD	090
*	Don K. Alexander, MD	218
	Steven Almany, MD	174
	Hernan R. Alvarez, Jr., MD	222
*	Mohamadali H. Amlani, MD	062
*	Evalt Ayerdi, MD	102
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*	Walter M. Baird, MD	090
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*	M. Ishwara Bhat, MD	026
*	H. Joseph Blair, MD	190
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*	John L. Brady, MD	062
*	Gail P. Brayden, MD	134
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*	Frank H. Bunker, MD	026
*	Asher Buxbaum, MD	098
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*	Antonio P. Carrillo, MD	102
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* Joel D. Eisenberg, MD 090
* Mark A. Elliott, MD 070
* Irving D. Fagin, MD 222
* Cyrus Farrehi, MD 062
Peter G. Fattal, MD 190
William R. Felten, MD 190
* Bruce B. Feyz, MD 158
* John C. Fischer, MD 218
David H. Forst, MD 174
* Leon Friedman, MD 062
* Timothy D. Fritz, MD 106
* James P. Gallagher, MD 222
* Sunilendu N. Ganguly, MD 222
* Remigio Garcia, MD 222
* Joyce M. Geary, MD 190
* Carl J. Gebuhr, MD 162
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Bruce J. Genovese, MD 218
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George B. Ghanem, MD 222
* Cathy L. Glick, MD 098
Lary S. Goldman, MD 222
* Narsimha R. Gottam, MD 222
* Jonathan M. Gregory, MD 070
* Robert J. Griffin, MD 222
* Michael F. Grimm, MD 090
Miguel R. Gutierrez, MD 222
* Robert W. Harrison, MD 106
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Richard W. Hennig, Jr., DO 062
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* Armando C. Madrazo, MD 126
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* Khalid A. Mian, MD 102
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* Roger D. Miller, MD 106
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* Carl H. Moberg, MD 106
* Robert K. Moore, MD 126
* Elmer J. Mueller, MD 174
Moses Muzquiz, MD 098
* Joseph B. Naoum, MD 126
* Jan Nyboer, MD 222
Gilberto Olivares, MD 102
* Luis E. Osterberger, MD 222
Donald C. Overy, MD 174
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* Stephen L. Peck, MD 102
Emilio F. Pena, MD 158
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* Rajendra Prasad, MD 174
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* Renato G. Ramos, MD 174
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* K. K. Ravindran, MD 190
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Pablo Reyes, MD 222
Wilfredo Rivera, MD 062
I. Enrique Romero, MD 222
* Stephen E. Rosenblum, MD 218
* Ralph G. Ryan, III, MD 162
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* Ronaldo N. San Juan, MD 174
Azim Saquib, MD 022
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Theodore L. Schreiber, MD 174
Dinesh O. Shah, MD 090
Idris S. Sharaf, MD 074
* Shiraz H. Shariff, MD 190
John M. Shuey, MD 222
William G. Sills, MD 174
* Sarjit Singh, MD 062
Delano R. Small, MD 174
* Frank A. Smith, MD 218
* Young H. Sohn, MD 222
* Benjamin Son, MD 026
* Marshall S. Spencer, MD 090
* Robert L. Steele, MD 218
* Thomas B. Stock, MD 222
* Mike H. Summerer, MD 102
* L. N. Swamy, MD 134
* D. Emerick Szilagyi, MD 222
Frederick N. Talmers, MD 222
James Tatkon-Coker, MD 070
* Manhar J. Tejura, MD 158
* Vincent J. Turcotte, MD 106
Ron J. Vanden Belt, MD 218
* Ronald L. Vanderlaan, MD 106
* C. Mark Vasu, MD 106
Dennis W. Wahr, MD 218
* Charles R. Webb, MD 222
* Daniel A. Weller, MD 218
Lawrence T. Weston, MD 102
* Harold J. Willens, MD 170
* Andrew G. Wilson, MD 222
* Alan Woelfel, MD 106
* Stanley B. Wolfe, MD 126
* Paul M. Zack, MD 090
* Edward J. Zaleski, MD 222
* S. B. Zampani, MD 222
Mark L. Zande, MD 098
* Allen E. Zencka, MD 026
* Lawrence J. Zgliniec, MD 174
Eldred G. Zobl, MD 174

CDS-Cardiovascular Surgery

* Elie D. Aboulafia, MD 222
Jeffrey M. Altshuler, MD 222
* Richard A. Berg, MD 222
Richard P. Beshore, DO 090
* Thomas C. Blair, MD 090
Marc N. Blum, MD 194

CLP-Clinical Pathology

* O. William Brown, MD 222
* Forest D. Dodrill, MD 222
* Daniel H. Drake, MD 070
* Joseph P. Elliott, MD 222
* Ali A. Esfahani, MD 062
* Marcia S. Fowler, MD 222
* Otto B. Gago, MD 218
Amitava Ghosh, MD 096
* Gary R. Goodman, MD 222
* Georges K. Haddad, MD 222
* Sachinder S. Hans, MD 126
* Steven D. Harrington, MD 222
* Syed S. Hossain, MD 194
* Lynn E. Howell, MD 174
Krishna M. Jain, MD 102
Douglas H. Joyce, DO 102
* Jia Y. Jung, MD 090
* Jorge O. Just, MD 174
* Ali Kafi, MD 222
* M. Michael Khaghany, MD 102
* William G. Liekweg, MD 062
* Curtis C. Marder, MD 134
* Henry G. Mauer, MD 174
Michael J. O'Donnell, MD 218
* James E. O'Dorisio, MD 026
* John R. Pfeifer, MD 174
* Herbert J. Robb, MD 174
Paul D. Robison, MD 106
* Gary L. Roth, DO 090
* Wafie D. Roumayah, MD 222
* Saad E. Sabbagh, MD 222
* Mack C. Stirling, MD 070
Ernesto L. Suarez, MD 102
* Nicholas A. Tepe, MD 174
* Antonio C. Vasquez, MD 022
* W. M. Whitehouse, Jr., MD 218
* Leroy S. Wirthlin, MD 174

CHN-Child Neurology

John P. Manica, MD 174
* Norvil Wyche, MD 222

CHP-Child Psychiatry

* William H. Beute, MD 106
* Margaret M. Casey, MD 222
Claire P. Colman, MD 174
* Louise Desgranges, MD 062
Ronald J. Dirkse, MD 186
Abraham L. Elson, MD 222
* Norbert B. Enzer, MD 090
* James E. Galligan, MD 218
* Frederick C. Greiling, MD 194
* Philip C. Haines, MD 106
Mildred L. Herkner, MD 070
* Linda L. Hryhorczuk, MD 222
* Faye F. Istanbooly, MD 154
* James W. Johnson, MD 174
Elizabeth D. Kane, MD 134
* Donna M. Kushner, MD 126
Jeffrey A. London, MD 174
Francis C. Pasley, MD 218
* Leonard R. Piggott, MD 222
* Donald C. Ross, MD 222
Eva P. Schroeder, MD 222
Gisela Schroeder, MD 222
* Ismail B. Sendi, MD 174
Roderick R. Smith, MD 062
* James A. Sonnega, MD 218
Benjamin B. Stamell, MD 222
* Ronald J. Van Valkenburg, MD 034
* D. W. Vander Vliet, MD 106
* Martha L. Wells, MD 222

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William C. Barany, DO 102
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* John F. Dunkel, MD 090
* J. Stephen Ebrom, MD 106
* Jerry M. Gray, MD 218
* Richard A. Horvitz, MD 106
* David F. Keren, MD 218
* Mark D. Kolins, MD 174
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* Aaron Lupovitch, MD 222
Vladimir V. Mackedonski, MD 198
* Wilford E. Maldonado, MD 090
* Kenneth D. Mc Clatchey, MD 218
* James T. Mc Laughlin, MD 222
* Harold A. Oberman, MD 218
Regio T. Penna, MD 030
* Sugendrini P. Ponnampalam, MD 090
* Jaya Sankaran, MD 095
* John D. Schaldenbrand, MD 218
Ronald L. Schuen, MD 062
* A. William Shafer, MD 222
Joseph T. Sobota, MD 102
* Gene D. Tang, MD 070
* Richard H. Walker, MD 174
* Harvey S. Wilks, MD 102

CRS-Colon and Rectal Surgery

* Adnan G. Abbasi, MD 174
Jawaid Akhtar, MD 194
Leandre I. Bautista, MD 034
* William L. Beauregard, MD 174
George T. Bradley, MD 222
Robert J. Brickner, Jr., MD 090
* Manuel M. Campos, MD 106
* Chairat P. Chomchai, MD 222
* Robert K. Cleary, MD 218
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* Thomas A. Fox, MD 222
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* Anthony T. Hudson, MD 102
* Mahesh C. Karamchandani, MD 034
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* Raymond V. Landes, MD 174
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* John M. MacKeigan, MD 106
* W. Patrick Mazier, MD 106
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* James P. Muldoon, MD 106
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* Timothy M. Talbott, MD 106
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* Martin M. Abbrecht, MD 174
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* David A. Altman, MD 126
* Jules Altman, MD 126
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* Thomas F. Anderson, MD 218
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* David S. Balle, MD 222
* Mark R. Balle, MD 222
* Lenise Banse, MD 126
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* Marcia B. Cardelli, MD 174
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* Alan Fligiel, MD 222
* Michael S. Frank, MD 174
Alice I. Gale, MD 090
Mohammad Ghaemi, MD 174
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* Perry Goldman, MD 222
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* John N. Grekin, MD 174
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Joan M. Griner, MD 174
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* Arthur W. Gulick, MD 218
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* Thomas D. Harris, MD 098
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* Robert P. Heidelberg, MD 222
* Ann E. Hern, MD 174
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Jacques L. Hochglaube, MD 090
* Jean M. Holland, MD 222
Charles R. Howie, MD 106
* Donald H. Huldin, MD 090
* Syed L. Husain-Hamzavi, MD 174

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* Elizabeth A. Hutchinson, MD 090
* Davide Iacobelli, MD 126
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* David Kahn, MD 090
* Gerald D. Karabin, MD 102
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* Lawrence Krugel, MD 174
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* Ann A. LaFond, MD 222
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Louis S. Leland, MD 222
* Edward S. Lerchin, MD 126
* Judith T. Lipinski, MD 222
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* C. S. Livingood, MD 222
* John R. Love, MD 062
* Harry S. Lubetsky, MD 118
* George P. Malick, MD 222
* Lisa A. Manz-Dulac, MD 222
* Barbara M. Mathes, MD 090
* Joseph W. Mc Goey, MD 222
* John D. Mc Grae, Jr., MD 062
Jon D. Mc Whirter, MD 026
E. Michael McGowan, MD 154
* Lisa A. Meils, MD 174
* Stanley M. Mesirow, MD 026
Andy L. Messenger, MD 090
Greg G. Messenger, MD 090
* Jeffrey L. Messenger, MD 114
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* Mark L. Nelson, MD 174
* Susan C. Noble, MD 070
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Eric S. Seiger, DO 062
* Melvin B. Sharf, MD 174
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Michael T. Siegel, MD 174

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* James J. Simons, Jr., MD 070
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* Milton D. Soderberg, MD 134
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* Marek A. Stawiski, MD 106
* Mark A. Stiff, MD 222
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* Richard A. Stone, MD 126
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* James D. Stroud, MD 174
F. James Stubbart, MD 162
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* Kathryn H. Sussman, MD 126
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* Martin E. Tessler, MD 174
* Lorna L. Thomas, MD 222
* Patrick J. Tobin, MD 070
* John L. Ulrich, MD 222
* Harold E. Usndek, MD 222
* Kornelius Van Goor, MD 106
* Evelyn E. Vanderveen, MD 106
* Jay Victor, MD 222
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* Darius E. Wampler, MD 186
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* Kay E. Watnick, MD 174
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* William F. Weston, MD 102
Harry O. Westphal, MD 154
* Edward S. Wikiera, MD 222
* James W. Wilkins, MD 098
Johnson K. Wright, MD 070
Eva L. Youshock, MD 174

DIA-Diabetes

Constantine T. Aries, MD 222
* Dorothy M. Kahkonen, MD 222
* Michael L. Netzloff, MD 090

DMP-Dermatopathology

* Amir H. Mehregan, MD 158
Darius R. Mehregan, MD 158
* David A. Mehregan, MD 158
* Homayoon Rahbari, MD 158
* William B. Taylor, MD 218

DR-Diagnostic Radiology

* Gerald R. Aben, MD 090
Dorit D. Adler, MD 218
Ziad Al-Amiri, MD 190
* Anthony L. Alcantara, MD 222
Michael B. Alpern, MD 222
Michael G. Altmann, MD 134
* Harvey E. Amoe, Jr., MD 218
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* George F. Ascherl, Jr., MD 022
* Stephen M. Ascherl, MD 022
* Gary T. Augustyn, MD 218
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* George J. Balogh, MD 102
* Joanne B. Barbour-Walker, MD 218
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Nil R. Barua, MD 062
William Bechtel, MD 062
* Judith M. Bender, MD 174
Blake Berman, MD 062
* Scott Berman, MD 106
Bradford W. Betz, MD 106
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* Robert E. Bonfield, MD 218
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Richard K. Brown, MD 174
* Sandra T. Brown, MD 222
* Dennis P. Burke, MD 102
* Julie B. Bush, MD 062
* Costa Buterakos, MD 222
James P. Carl, MD 218
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* Gabriel Ceron, MD 082
David J. Chait, MD 222
Byung H. Chang, MD 062
* John F. Cherry, MD 190
* Richard M. Chesbrough, MD 174
* Wook-Chin Chong, MD 126
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* William R. Church, MD 070
Kaya Colak, MD 174
Frederick W. Coop, MD 194
* John W. Copenhaver, MD 102
* Elizabeth A. Copland, MD 218
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* Brian M. Craig, MD 222
* Eduardo R. Crotte, MD 102
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* Robert B. Davis, MD 102
* Alfredo P. De La Fe, MD 090
* John D. Demott, Jr., MD 186
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* Jerry Drake, MD 222
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* John H. Finger, MD 222
* Robert J. Fles, Jr., MD 162
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* Kathleen A. Gadwood, MD 102
* Kathleen Gafarian, MD 026
* Mark A. Goddard, MD 222
* Bruce D. Goethe, MD 102
* Kenneth J. Gritter, MD 106
* Eric J. Groskind, MD 222
* Martin L. Gross, MD 222
* Charles A. Guidot, MD 190
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* Robert M. Hall, MD 106
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* Andrew J. Hankins, MD 222
* Bijaya A. Hans, MD 126
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* Kenneth V. Harvey, MD 222
* Richard G. Hayes, MD 222
* James E. Heisel, MD 222
* Jon R. Henke, MD 106
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* Randy D. Hicks, MD 062
* Charles G. Hodgman, MD 102
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* Roman E. Hyszczak, MD 026
* Michael Jacoby, MD 186
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* Richard Jankowski, MD 022
* Robert W. Jasinski, MD 186
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* Robert H. Jongeward, Jr., MD 102
* Richard N. Joyrich, MD 222
* Marc L. Kahn, MD 062
* Tai S. Kang, MD 222
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Gabriela D. Kaplan, MD 062
* James J. Karo, MD 174
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* J D. Kaurich, MD 162
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* Mahmood A. Khalid, MD 174
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* Chung K. Kim, MD 222
* Dong H. Kim, MD 222
* Joon K. Kim, MD 222
* Kwang-Sung Kim, MD 150
* Seong Jeun Kim, MD 218
* John C. Kirkpatrick, MD 198
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* George A. Kling, MD 222
* James E. Knake, MD 218
* James J. Kochkodan, MD 222
* Sudjond Kosim, MD 158
Gary A. Krasicky, MD 222
* Dan F. Kreider, MD 026
* Anthony L. Kudirka, MD 222
Raymond S. Kurtzman, MD 222
* Armand M. LaSorsa, MD 106
* Kent T. Lancaster, MD 026
* Ethelbert M. Lara, MD 134
* Peter A. Lassing, MD 134
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* Gary F. Leago, MD 090
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* Louis S. Magagna, MD 218
* Mark D. Malnor, MD 106
* Jerald B. Maltzman, MD 222
* Richard Mamrick, MD 062
Stephen M. Manier, MD 050
Bayani L. Manzano, MD 054
Sanford J. Marks, MD 222
* Thomas A. Matthys, MD 222
* Kevin M. Mc Cann, MD 034
* Kathleen A. Mc Carroll, MD 174
* Thomas L. Mc Cormick, MD 102
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* Christopher J. Mehall, MD 222
* John D. Mellen, MD 174
* Bruce L. Melrose, MD 162
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* Carleton R. Merrill, MD 222
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* John E. Meyer, MD 222
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*	Stephen B. Rupp, MD	106
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*	Shahzad Sadiq, MD	174
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*	Eric Spickler, MD	222
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*	Sharon L. Stocking, MD	062
	David A. Strahle, MD	062
*	Mark D. Strauss, DO	106
*	Sarada Subramanian, MD	118
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*	Barbara A. Threatt, MD	218
	Madhusudana R. Tummala, MD	062
	Bradley T. Van Assche, MD	014
*	Marinus Van Ooyen, MD	114
*	Henry L. Vanderkolk, MD	106
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	David C. Wang, MD	222
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*	James R. Weeks, Jr., MD	014
*	Jerrold M. Weiss, MD	090
*	Mark W. Weiss, MD	062
	Charles J. Weitz, MD	070
*	Harry L. Weitz, MD	070
	Brian D. White, MD	014
*	Fred K. Wietersen, MD	222
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*	Harry J. Aretakis, MD	126
*	Beth J. Armstrong, MD	102
*	Douglas L. Bailey, MD	034
	Susan E. Barlow, MD	022
	Keith W. Baron, MD	078
*	Kathleen M. Bauer, MD	090
*	Gregory W. Baumann, MD	098
	Michael W. Beasley, MD	022
	Peter Benson, MD	014
*	Alan D. Bersted, MD	150
	James S. Bicknell, MD	154
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*	Michael R. Clark, MD	090
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*	Kenneth M. DeGraaf, MD	106
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	Jan Drlik, MD	154
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	Stanley L. Engelhardt, MD	126
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	Michael Farmer, DO	206
*	John G. Fata, MD	090
	Donald M. Fix, MD	186
*	Michael B. Fossel, MD	106
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*	Vidor E. Friedman, MD	090
	James O. Galles, MD	026
*	John A. Geralt, MD	174
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*	Sherman W. Horn, II, MD	058
*	Ginger Hosko-Williams, MD	058
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*	Walter W. Jacquemin, MD	014
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*	Scott D. Larson, MD	102
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*	Jules C. Lassignal, MD	190
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	James C. Mitchiner, MD	218
*	Carlito C. Mojica, MD	174
*	Alan L. Morgan, MD	062
	George T. Moylan, III, DO	190
	Warren R. Mullen, MD	138
*	Patricia J. Nakfoor, MD	090
	Victoria G. Navarra, MD	222
	Gary T. Neher, MD	190
	James B. Nolin, MD	034
*	Anna Novak, MD	102
*	Richard M. Nowak, MD	222
*	Bruce W. Nugent, MD	106
*	J. Ronald Oehler, MD	218
	Michael D. Olgren, MD	106
	Richard B. Overbeck, MD	162
*	Michael J. Peikert, MD	102
*	Thomas Petinga, Jr., DO	174
	Kevin A. Pezzi, MD	062
*	Bryant W. Pierce, MD	106
	Alice L. Platt, MD	062

Alphabetical Listing of MSMS Members by Specialty

** Asterisk beside name denotes AMA membership*

EM-Emergency Medicine

* Gary D. Poelman, MD 106
Amy Poholski, DO 018
Paul R. Pomeroy, Jr., MD 222
Maureen C. Prendergast, MD 106
* Carol Prince, MD 222
* Les M. Puretz, DO 090
Robert A. Radin, MD 070
Terry E. Ragland, MD 218
Elizabeth Raphael, MD 174
* Earl J. Reisdorff, MD, MD 090
* Robert M. Ricketts, MD 090
George F. Rieth, MD 062
Glen T. Roberts, MD 214
* Lisa W. Rogers, MD 102
* Ralph N. Rogers, MD 106
* Michael T. Ross, MD 174
* Steven C. Rossmoore, MD 222
* Merle F. Rydesky, MD 174
* Evelio M. Santiago, MD 174
Delfin F. Santos, MD 222
Stephen R. Schauer, MD 034
* Joseph L. Schirle, MD 174
William E. Schmuggerow, MD 106
John B. Schroeder, MD 070
* Lawrence R. Schwartz, MD 174
* Douglas J. Segan, MD 090
* Roberto S. Seidner, MD 174
* Sid M. Shah, MD 098
* Gregory D. Shannon, MD 062
* Dolores J. Shelfoon, MD 174
Sherry B. Shepherd, MD 026
* Elmore D. Shoudy, MD 194
* Asfandiar A. Shukri, MD 222
* Neil Siamson, MD 095
Lawrence R. Smith, MD 186
Donald E. Snowdon, MD 134
Daniel R. Sorenson, MD 154
* Anthony C. Southall, MD 222
* Zbigniew M. Srodulski, MD 102
Mary Staten-McCormick, MD 102
* Daniel P. Stewart, MD 102
Charles R. Strancke, MD 134
* Gloria M. Strutz, MD 126
William E. Taylor, II, MD 218
Bruce M. Thompson, MD 222
* Michael D. Thompson, MD 218
* M. C. Tomlanovich, MD 222
* Joseph R. Twanmoh, MD 218
D. Mark Upham, MD 014
Leonard W. Van Gelder, MD 186
* Susan N. VandenBerg, MD 106
Edwin G. Vann, MD 026
Kerry L. Vegter, MD 186
* James M. Volkel, MD 034
Don J. Walbridge, DO 102
* Gregory L. Walker, MD 090
Jesse G. Walker, MD 154
Jesse G. Walker, MD 154
Charles W. Webb, MD 206
* Fred L. Wedeking, MD 102
* Ross L. Weinstein, MD 174
* Warren K. Westrate, MD 186
Jason M. White, MD 190
Suzanne White, MD 222
* Peter J. Wiebenga, MD 106
* John G. Wiegenstein, MD 090
* Allen J. Williams, MD 158
* Robert M. Williams, MD 150
* Carl D. Winegar, MD 154
* Steven M. Winograd, MD 126
* John C. Wlezniak, MD 174
Robert W. Wolford, MD 190
Leonard D. Wright, MD 162
* Barbara N. Wynn, MD 106
Collette Wyte, MD 126
* Charles L. Zeller, MD 102
Rahmon Zuckerman, DO 158

END-Endocrinology

* Ali A. Abbasi, MD 174
* Lee R. Brunner, MD 170
Michael J. Carella, MD 090
Jerome W. Conn, MD 218
* Michael S. Garcia, MD 174
* Maria F. Hayes, MD 222
Robert D. Johnson, MD 106
Henry D. Kaine, MD 174
Michael M. Kaplan, MD 174
Anthony J. Kilbane, MD 218
* Michael Kleerekoper, MD 222
* Sander P. Klein, MD 222
* Phillip W. Lambert, MD 190
Lyla J. Leipzig, MD 222
* Donald A. Meier, MD 174
J. Martin Miller, MD 222
* Michael J. Miller, MD 154
* Steven L. Rabinowe, MD 222
Maria Rojski, MD 106
Solomon I. Rosenblatt, MD 174
* Vinod B. Sanghi, MD 222
* Charles I. Taylor, MD 174
Gregory Tennyson, MD 106
David L. Thomson, MD 126
* Max Wisgerhof, II, MD 222
* Mohammad S. Zafar, MD 222

FOP-Forensic Pathology

* Laurence R. Simson, MD 090

FP-Family Practice

* Tama D. Abel, MD 218
Brian A. Adamczyk, MD 098
Albert C. Adams, MD 062
* Robert P. Adams, MD 118
Vincent B. Adams, MD 222
* Kirk J. Agerson, MD 106
* Alka Aggarwal, MD 222
Antonio A. Aguirre, MD 222
Donald J. Aiken, MD 090
* Steven A. Aiken, MD 222
Nancy A. Ajemian, MD 222
* Joe Alberding, MD 102
* Max M. Ali, MD 222
Jeffrey L. Allen, MD 154
* Richard J. Allen, MD 214
* William W. Allen, MD 018
* Yazdi N. Amaria, MD 198
Russell K. Ameter, MD 034
John S. Ammond, MD 150
Christine M. Anderson, MD 194
Harley H. Anderson, MD 062
Mary O. Anderson, MD 102
William H. Anderson, MD 082
Donna L. Angell, MD 222
Roger D. Annis, MD 090
Angela E. Antonette, MD 222
* Esther Aoigan, MD 222
* Peter B. App, MD 106
* Lloyd E. Appell, MD 102
James A. Applegate, MD 106
Husain Arastu, MD 126
* Roger W. Archer, DO 222
William J. Arnold, MD 222
Leslie H. Arwin, MD 218
James C. Askins, MD 098
* Russell M. Atchison, MD 218
Avery J. Aten, MD 014
David E. Atkinson, MD 054
Herbert A. Atkinson, MD 026
James E. Atkinson, MD 018
* Domenico S. Ausiello, MD 094
Walter C. Averill, MD 190
* Catherine M. Baase, MD 154
* Duane J. Bailey, MD 062
Ronald P. Baker, MD 026
* Jere F. Baldwin, MD 194
Donald R. Ballard, MD 222
Michael R. Balon, MD 174
* Michael Banka, MD 162
* Alphonse W. Baran, MD 222
Alwin S. Barefield, MD 222
* V. Dale Barker, MD 178
* James W. Barnes, MD 162
* Jack L. Barry, MD 190
* Nicholas W. Bartz, DO 098
James D. Bash, DO 150
* Theodore A. Bash, DO 150
* Joseph T. Batdorf, MD 062
* James A. Batti, MD 054
* John M. Battle, MD 222
* Philip J. Baty, MD 106
James J. Bauer, MD 194
Terry S. Baul, MD 222
Joseph C. Beaman, MD 222
Scott E. Beasecker, MD 190
Lynn A. Beatty, MD 062
Douglass R. Beck, MD 062
* Archie W. Bedell, MD 222
* Lee P. Begrow, DO 106
* John R. Behm, DO 206
George R. Belkowski, MD 134
Thomas M. Bellinger, MD 154
Bruce J. Benderoff, DO 126
* W. Bruce Bennett, MD 094
* Fredk. E. Bentley, MD 218
Mary E. Bentley, MD 098
* Mary Ellen Benzik, MD 034
* Bradley C. Berger, MD 126
* Thomas R. Berglund, MD 102
* Kenneth S. Berneis, MD 010
David J. Beyer, MD 126
* Atmaram B. Bhansali, MD 034
Pradipkumar N. Bhatt, MD 102
Bruce G. Bigelow, MD 098
Bernard W. Bigley, MD 126
* Leonard J. Birndorf, MD 222
* Stephen W. Bishop, MD 206
* Ronald H. Bissett, MD 050
David E. Blair, MD 106
* Gordon R. Bleil, MD 102
* Arthur W. Boddie, MD 222
* Walter J. Boerman, MD 106
Elizabeth A. Boessenkool, MD 106
Brent D. Boggess, MD 190
Warren D. Bontrager, MD 150
William B. Bonzelaar, MD 186
* Robert R. Boomer, MD 174
* David G. Booth, MD 162
* Frederick W. Born, DO 026
Keith P. Bornstein, DO 126
* Donald F. Bosker, MD 062
* Richard S. Boss, MD 166
David B. Bosscher, DO 154
James H. Botsford, MD 218
* Eric Bouwens, MD 106
Richard J. Bower, MD 214
* William P. Bowman, MD 174
Beth Boyer, MD 150
* Fred C. Brace, MD 106
A. Peter Brachman, MD 010
Donald E. Bradley, MD 198
Paul E. Braman, MD 106
* Robert K. Brateman, MD 174
G. Edward Braunschneider, MD 106
Robert A. Breakey, MD 218
Ray A. Breitenbach, MD 174
* Gerard P. Brennan, MD 162
* James E. Brennan, MD 198
* Thomas E. Brenner, MD 198
* Kathy J. Brittan, MD 214
* Joseph L. Brock, MD 162
James D. Brodeur, MD 082
Howard A. Brody, MD 090
* Patricia A. Brooks, MD 174
William R. Brooks, Jr., MD 154
Paul L. Brothers, MD 198
* Frederick W. Brown, MD 090
Jack A. Brown, MD 018
Virginia K. Brown, DO 222
David A. Brownstein, MD 222
* Edgar S. Bruer, MD 222
* George S. Bruins, MD 106
* Richard E. Bruner, DO 204
* Joseph A. Bruno, MD 102
* Janet M. Buhse, MD 174
* Brian S. Burdo, MD 162
* Howard J. Burgess, II, MD 090
Michael W. Burgess, DO 098
Earl Burhans, DO 102
Dennis R. Burke, MD 218
Donald D. Burkley, MD 150

Specialty Listing

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* Karen S. Burnard, MD	218
* Paul J. Burns, MD	154
* Edward C. Bush, MD	222
Russell L. Bush, MD	110
* Lowell A. Butman, MD	190
James S. Byatt, MD	218
* David M. Byrens, MD	034
James F. Byrne, MD	186
* Louis F. Byrne, MD	190
* Vincent R. Cabras, MD	214
Ricardo Q. Cabrera, MD	174
Donald A. Cairns, MD	090
Donald A. Campbell, Jr., MD	222
Richard L. Canlas, MD	190
* Randall O. Card, MD	134
Mitchell J. Carey, MD	170
Bruce E. Carl, MD	126
* Ralph G. Carlson, MD	090
* Vernette M. Carlson, MD	146
Kenneth W. Carman, MD	222
* Peter E. Carmody, MD	082
John R. Carney, MD	138
Ruth V. C. Carney, MD	138
* John W. Cavendish, II, MD	190
* Maurice H. Chapin, MD	210
Kathleen M. Chauvin, MD	034
Russell C. Chavey, MD	222
* William E. Chavey, II, MD	218
* Tony P. Chebli, MD	090
* Vicki E. Chessin, MD	074
* Silas C. Cheuk, MD	222
* Adolfo M. Chipoco, MD	090
Peter R. Chisena, MD	190
* Kwang S. Cho, MD	034
* Tae-Hong Chung, MD	194
Eugene F. Claeys, MD	218
Thomas Clafton, MD	174
Eric Clark, MD	110
Mark S. Clark, MD	062
Randall N. Clark, MD	106
* Richard K. Clise, MD	106
* Robert C. Clouse, MD	166
* Ensign E. Clyde, MD	218
* Cynthia C. Cohen, MD	222
* Douglas L. Colberg, MD	198
Neil C. Colegrove, MD	106
Douglas J. Coles, MD	070
Edward F. Collins, MD	174
* Thomas D. Collins, MD	010
* Lawrence A. Comstock, MD	222
* Ann Connaghan, MD	095
Alan J. Conrad, MD	226
* Louis L. Constan, MD	190
Thomas J. Cook, MD	014
Roy V. Cooley, MD	174
* Louis B. Coriasso, MD	062
* Ronald J. Coriasso, DO	062
* Stephen D. Costello, MD	222
Edward Cotton, MD	214
John G. Crabill, MD	026
Curtis P. Craig, MD	126
* Ralph A. Cram, MD	034
* Jeffrey C. Crandle, DO	162
* Harold P. Crissinger, MD	146
Robert N. Crompton, MD	138
Diane A. Culik, MD	222
* Dean T. Culver, MD	030
David Cunningham, MD	062
Peter R. Curio, MD	134
Richard K. Currier, MD	102
Thomas F. Curtin, MD	170
Robert I. Cutcher, MD	202
* Doris E. Dahlstrom, MD	102
John R. Damm, MD	062
* James C. Danforth, Jr., MD	222
Robert D. Danforth, MD	222
* Henry G. Danielsky, MD	094
Hamazasp B. Darian, MD	126
Robert J. Darios, MD	090
* Bruce N. Davenport, MD	090
Clyde P. Davenport, MD	190
* Robert C. Davis, MD	062
* Antonio R. De Leon, MD	222
* William J. De Mots, MD	114
* Paul T. De Witt, Jr., MD	018
* Mark B. De Young, MD	102
* George A. Dean, MD	222
* Virginia R. Dedicatoria, MD	190
Keith S. Defever, MD	126
* James R. Dehlin, MD	050
David H. Deitrick, MD	162
* Raymond Y. Demers, MD	222
Jack O. Derks, MD	186
* William H. Dery, MD	154
Hemlata C. Desai, MD	126
* Bruce R. Deschere, MD	174
* Dennis F. Dettloff, MD	014
* Marilynn S. Dewald, MD	082
Giovanni M. Di Giannantonio, MD	062
* Rebilo A. Diccion, MD	114
* Timothy K. Dickinson, MD	010
* George F. Diehl, MD	194
Tom Dimovski, MD	126
Cheryl H. Dionne, MD	130
* Samuel R. Dismond, MD	062
Robert W. Dixon, Jr., MD	186
* James G. Dobbins, MD	034
* Thomas M. Dobbins, MD	034
William H. Dobbins, MD	034
Danilo A. Dona, MD	158
* Harold T. Donahue, MD	210
Donn M. Dougherty, MD	138
* Matthew S. Doughty, MD	134
Donald C. Doyle, MD	102
* John J. Doyle, MD	062
* Richard B. Drimalla, MD	154
Michael D. Driscoll, MD	186
Mark E. Drogowski, MD	170
* Cindy-Lou Drummond, DO	190
* Clyde K. Dryer, MD	218
* Tangerine R. DuPuis, MD	050
* William F. Dubois, MD	142
* Kenneth E. Dudley, MD	106
Bruce S. Dummett, MD	190
* Deborah L. Duncan, MD	062
Kathleen J. Dunckel, MD	014
Barrie Dunseath, MD	078
* Richard A. Dykewicz, MD	062
* Russell L. Dykstra, MD	186
* Jeffrey H. Dysart, MD	222
L. Edmond Eary, Jr., MD	106
* Diane B. Ebaugh, MD	018
Paul J. Eby, MD	078
* Evelyn L. Eccles, MD	218
Manuel A. Echandi, MD	062
Adele M. Echandia, MD	138
* Karl J. Edelmann, MD	218
* Douglas A. Edema, MD	106
Michael Eggebrecht, MD	026
* John M. Egger, MD	090
* Paul H. Ehardt, MD	126
* Edward E. Elder, Jr., MD	174
* Karen L. Eldevick, MD	134
* Kristin K. Elliott, MD	134
Luke A. Elliott, MD	222
William R. Elliott, MD	114
Paul C. Elsen, MD	106
* Albert D. Engstrom, MD	162
* Stewart Epstein, DO	126
Kristina L. Erfourth, MD	134
John J. Escott, MD	222
Winifred A. Eshragh, MD	106
* Conie A. Estimoso, MD	222
Stella S. Evangelista, MD	222
* Robert H. Evans, MD	198
Donald C. Fahrbach, MD	134
Michael Fairbanks, MD	014
* Ronald A. Farber, MD	214
Thomas J. Farchone, MD	034
* Angel Farina, MD	222
Alan R. Fark, MD	106
Sara Fassihi, MD	222
* Grover R. Fattic, MD	026
* William G. Fenner, MD	222
* Jerry Ferrell, MD	154
Lynn E. Field, MD	014
Marvin D. Fields, MD	098
* Donald D. Finlayson, MD	042
William A. Fishbeck, MD	070
Cynthia L. Fisher, MD	174
* Robert J. Fisher, MD	218
Donald N. Fitch, MD	050
* Erwin L. Fitzgerald, MD	106
* Linval K. Fleetwood, MD	062
* James C. Flick, MD	162
James E. Flood, MD	106
* Thelma I. Flores, MD	222
* Thomas W. Fochtman, MD	106
* Lawrence G. Foe, MD	106
* James D. Forshee, MD	062
* Henry T. Forsyth, MD	206
James A. Fortune, MD	222
Gregory J. Forzley, MD	106
* Winslow G. Fox, MD	218
* Paul L. Fraiberg, MD	222
James M. Franck, MD	066
Mark A. Fredrickson, MD	106
David L. Freedman, MD	218
James R. Freeman, DO	014
Marc Frick, MD	070
Patrick H. Friedli, MD	070
Lee S. Fruman, MD	174
* J. William Fry, MD	102
* Carl M. Frye, MD	218
James H. Frye, MD	154
Peter D. Fugazzi, MD	090
Kathleen M. Fulgenzi, MD	222
Gerald A. Fulton, MD	062
Douglas A. Furman, MD	170
David Z. Gadzinski, MD	138
Mary E. Gaffney, DO	222
* Michael L. Gambel, MD	190
* Thomas Ganos, MD	222
Herand Garapetyan, MD	046
* Robert E. Gardner, MD	066
Warren R. Garr, MD	118
* Delmer E. Garrison, MD	218
Robert E. Garrison, MD	162
Alex Gaynor, MD	222
* Gary R. Gazella, MD	222
John R. Gehman, MD	096
Norman F. Gehringer, MD	174
Edgar J. Geist, Jr., MD	174
Reed D. Gelzer, MD	078
* Donald G. Gerard, MD	106
* Roy J. Gerard, MD	090
James D. Gibson, MD	106
* Larry Gideon, MD	194
William P. Gifford, MD	090
Norma Gilbert, MD	178
* Gary D. Gillespie, MD	090
Rodney P. Gilreath, MD	222
* David A. Ginnebaugh, MD	126
* William R. Gladstone, MD	054
* Daniel Goldberger, MD	102
C. Robert Good, MD	106
Peter F. Gordon, MD	174
Martin J. Gorelick, MD	222
* Saul S. Gorne, MD	062
Charles L. Gosling, MD	150
Ramsewak Goswami, MD	222
Karen L. Goulet, MD	134
* Umesh G. Gowda, MD	174
* Paul R. Gradolph, MD	126
* Yon Graham, MD	102
* Erwin L. Grasman, MD	162
Scott A. Graves, MD	062
Thomas G. Graves, MD	126
Lynn S. Gray, MD	026
* Morris Z. Greenberg, MD	222
* David C. Grellman, MD	026
Emerich Grinbaum, MD	062
* Frederick J. Grose, MD	174
* James M. Grost, MD	090
* Paul G. Gruca, MD	074
Ellen K. Gryniewicz, MD	218
George J. Gugino, MD	190
Janet T. Guisinger, MD	190
* Edwin H. Gullekson, MD	062
Charles R. Gumpper, MD	062
Arun Gupta, MD	158
* Feridun M. Gurol, MD	174
* Eric K. Gustafson, MD	106
Julius J. Gutow, MD	062
Michael Haas, MD	222
Hilda A. Habenicht, MD	098
* Douglass A. Haddock, MD	102
* Robert K. Hafford, MD	022

Alphabetical Listing of MSMS Members by Specialty

** Asterisk beside name denotes AMA membership*

FP-Family Practice

* Fremont D. Halboth, MD 062
William A. Haley, MD 222
* James K. Hall, MD 074
* Lawrence R. Hall, MD 186
Jodi Hamblin, MD 094
Loren B. Hamel, MD 026
Lowell G. Hamel, MD 026
* Mark S. Hamilton, MD 194
Daniel D. Hardie, MD 134
Angela Harris, MD 062
Daniel R. Harro, MD 106
* Gordon R. Harrod, MD 090
* Robert T. Hartman, MD 218
Walter W. Hassig, MD 222
William T. Hassig, MD 222
* Carl W. Hawkins, MD 042
* Lawrence S. Hawkins, MD 018
Leatha B. Hayes, DO 190
* Paul N. Hayes, MD 054
* Thomas L. Haynes, MD 106
* Gregory L. Hazle, MD 106
George L. Heenan, MD 026
* Dale W. Heeres, MD 162
Daniel D. Heffernan, MD 218
* Charles H. Heffron, MD 114
Paul D. Heilborn, MD 098
* Susan P. Heinrich, MD 214
* Kurt P. Helgerson, MD 102
* Ralph F. Helzerman, MD 114
Vincent C. Henderson, MD 026
Naira S. Henein, MD 126
* Mark R. Henry, MD 034
* Mary Herlihy, MD 190
James J. Heron, MD 134
Brent L. Herr, MD 062
* Gregory H. Hessler, MD 026
Yvonne Heyel, DO 062
* Charles J. Heyka, MD 170
John M. Hickner, MD 050
* Leland A. Hickox, MD 142
H. Brent Hildebrand, MD 134
* John F. Hildebrandt, MD 094
Karl E. Hill, MD 082
* Kelly J. Hill, MD 154
* Sidney J. Hillenberg, MD 174
Ernesto B. Hipolito, MD 062
* Cecelia F. Hissong, MD 222
* Sean J. Hoban, MD 190
Raymond L. Hockstad, MD 050
Richard E. Hodgman, MD 150
* George J. Hoekstra, MD 102
* Frederick P. Hoenke, MD 134
David R. Hoffius, MD 106
Patricia S. Hoffman, MD 098
* Stanley L. Hoffman, MD 118
Martin F. Hoffmann, MD 214
* Kevin M. Holleman, MD 102
* David S. Hollett, MD 174
Werner Hollstein, MD 090
* C. Jeffrey Holmes, MD 074
Harry L. Holwerda, MD 106
* Andrew J. Hopkins, MD 222
Timothy J. Horrigan, MD 126
Scott A. Hotchkiss, MD 170
* J Christopher Hough, MD 154
* Joseph H. Hough, MD 096
* Robert J. House, MD 062
* Susan W. Howard, MD 014
Richard H. Howell, MD 154
Joslyn M. Hubacher, DO 138
* Steven M. Hudock, MD 126
James D. Hudson, MD 106
Ralph A. Hugunin, MD 062
* William C. Humphrey, MD 134
Maurice E. Hunt, MD 022
* Nancy A. Hurchik-Munaco, MD 174
* Michael Iacobellis, PhD, MD 222
Todd V. Ingram, MD 082
Robert N. Israel, MD 098
* Eric J. Ittner, MD 134
* Martin J. Ittner, MD 154
Doug Jackson, MD 170
* Edward A. Jackson, MD 190
* Robert J. Jackson, MD 222
Donald J. Jacobs, MD 054
* James E. Jacques, MD 095
Raymond J. Jaglowski, MD 106
* Robert E. James, MD 062
Anne M. Janca, MD 062
Ernesto C. Jaranilla, MD 086
* Joel J. Jarvis, MD 162
Mark L. Jary, MD 106
* Eronico P. Javellana, MD 086
Larry E. Jennings, MD 098
* Ronald L. Jenson, MD 190
* Christine M. Jerpbak, MD 222
Susan L. Jewell, MD 134
* Edward N. Johnson, MD 042
John B. Johnson, MD 190
* Robert B. Johnson, MD 074
* Virginia L. Johnson, MD 218
Daniel R. Jones, MD 026
* Alvin E. Judd, MD 062
Alexander Judy, MD 134
* Martin L. Kabongo, MD 222
Koyka M. Kadreva, MD 194
Joyce E. Kaferle, MD 218
Janaki Kambhampati, MD 174
Robert L. Kamp, MD 070
* Paul H. Karr, Jr., MD 062
* David J. Kass, MD 134
Michael J. Kasztelan, MD 126
* Sita R. Kaura, MD 222
* David I. Kay, MD 094
Cengiz Kayi, MD 174
Safwan Kazmouz, MD 222
Michael G. Keeker, MD 134
* Don E. Keener, MD 114
* C. James Kelly, MD 162
John Kelly, MD 062
* Larry S. Kelly, MD 190
S. Newton Kelso, MD 158
* Richard A. Kempf, MD 186
* Harold F. Kendrick, MD 174
James T. Kerby, MD 106
* Kevin M. Kiley, MD 162
* Paula J. Kim, MD 222
* C B. Kimbrough, MD 062
* Ray H. King, MD 098
* Costas Kleanthous, MD 218
* Nestor A. Kleer, MD 222
* Sally L. Kliphuis, MD 106
* Paula J. Klose, MD 154
Richard A. Knecht, MD 170
Melodie A. Knicely, MD 062
Pamela R. Knysz, MD 106
* Charles N. Koenig, MD 190
* Ray S. Koivunen, MD 054
* Dennis W. Konzen, MD 102
* Theresa A. Kordish, MD 102
Timothy J. Kosinski, MD 154
Edward H. Kowaleski, MD 142
* Christine Krause, MD 218
* Douglas A. Krause, MD 194
* Bruce A. Kresge, MD 174
Jonathan J. Krieger, MD 106
Jon W. Kroeze, MD 186
Michael T. Ku, DO 102
* Richard F. Kuhn, MD 222
Nancy J. Kursik, MD 062
* Mark R. Kurzawa, MD 126
Sander A. Kushner, DO 222
* David O. Kutsche, MD 106
Robert J. LaChance, MD 154
James R. LaFleur, MD 190
Joseph Ladaga, DO 038
* Lawrence L. Lalonde, MD 190
* David L. Lambrix, Jr., MD 034
* Bela T. Lanczy, DO 082
* Robert E. Landick, MD 090
* Philip F. Lange, MD 090
* Paul E. Larkey, MD 090
* David W. Larose, MD 222
* William C. Larsen, MD 222
* Steve R. Lasater, MD 106
Larry L. Lawhorne, MD 074
* Linda L. Lawrence, MD 062
Paul Lazar, MD 062
* Edward W. Lean, MD 214
Robert M. Lechy, Jr., MD 126
Steven C. Ledtke, MD 194
Renato S. Lee, MD 190
Shoon H. Lee, MD 198
* Robert L. Leeser, MD 058
James W. Leete, MD 070
* John L. Lehtinen, MD 134
Loretta Leja, MD 170
James E. Lemire, MD 186
* Lloyd J. Lemmen, MD 162
* Joseph R. Lentini, MD 106
* Paul J. Lentz, MD 114
* Olin L. Lepard, MD 198
Samuel I. Lerman, MD 222
* Steven R. Lessens, MD 178
Mark E. Leventer, MD 098
Robert C. Levine, MD 222
Robert A. Lewis, MD 198
* Ruth M. Licht, DO 190
* John H. Lignell, MD 170
* Tjin L. Lim, MD 062
Edward J. Linkner, MD 218
Donald L. Lipsey, MD 090
* David M. Liscow, MD 214
* Wayne F. Little, MD 102
* George B. Loan, MD 022
* Richard E. Lockard, MD 086
* John L. London, MD 094
Enrique C. Lopez, II, MD 090
Jose B. Lopez, MD 062
* Veronica E. Lorenzo, MD 190
* Robert J. Lorinser, MD 134
* Frederick E. Ludwig, MD 194
* Jeffrey L. Lukas, MD 194
Peter B. Lundeen, MD 106
* Richard M. Lundeen, MD 062
* David M. Luoma, MD 134
Jerry W. Luoma, MD 082
David J. Lyman, MD 102
George A. Mac Donald, MD 214
L. Joy Mac Donald, MD 174
John W. Mac Kenzie, MD 062
Kenneth M. Mac Kinnon, MD 154
James R. MacBride, MD 162
Thomas R. Macholan, MD 106
* Victoria L. Macki, MD 122
* Robert H. Mackie, MD 042
Harry Maisel, MD 222
Vytautas Majauskas, MD 222
* David N. Makowski, DO 102
Joseph H. Maltzer, MD 222
Rolland D. Mambourg, MD 106
* Jerome F. Mancewicz, MD 106
Sharon L. Mandell, MD 126
Steven G. Manikas, DO 218
Andrew D. Mann, MD 222
Saul Z. Margules, MD 222
* Thomas J. Marshall, MD 014
Lawrence A. Marten, MD 126
Bruce W. Martin, MD 186
Carolyn G. Martin, MD 070
* James A. Martin, MD 062
Gary L. Martzke, MD 106
John D. Maskill, MD 106
* Christine T. Mason, MD 106
* Oren W. Mason, MD 106
* Brooker L. Masters, MD 166
* Craig K. Matheson, DO 166
* Philip M. Matich, MD 194
Gerry L. Mayer, MD 138
* Mark D. Mc Allister, MD 222
* Michael K. Mc Alvey, MD 018
Peter A. Mc Arthur, MD 186
* Kevin D. Mc Bride, MD 106
* Donald R. Mc Corvie, MD 090
Alfred G. Mc Cuaig, MD 034
* Frank B. Mc Cue, MD 222
* Hugh B. Mc Cullough, MD 198
Thomas S. Mc Inerney, MD 174
Douglas E. Mc Kenzie, MD 082
* Joanne W. Mc Kune, MD 222
Douglas E. Mc Learon, MD 118
* Shirley A. McCormick, MD 062
* William H. McNamara, MD 150
Annette M. Mercatante, MD 194
Barbara F. Mercer, MD 062
* Karl J. Merkle, MD 222
* Constance A. Mernagh, MD 102
Bradford J. Merrelli, MD 174

Alphabetical Listing of MSMS Members by Specialty

** Asterisk beside name denotes AMA membership*

FP-Family Practice

Stephen P. Merry, MD 050
Daniel M. Metzger, MD 026
* Stanley L. Michael, MD 070
* W. Stuart Middleton, MD 158
N. M. Mihailoff, MD 222
* Gary M. Mikel, MD 082
* Marsha Milburn, MD 090
* David J. Millard, MD 214
Ross D. Miller, MD 078
Willard J. Miller, MD 090
Rian Mintek, MD 010
Paul W. Misch, MD 174
Augustus W. Mitchell, MD 222
Daniel M. Mitchell, MD 054
Karen B. Mitchell, MD 174
George Mogill, MD 222
D. Jeffrey Mohr, MD 106
* Stephen K. Molnar, MD 222
Julian A. Moore, MD 062
Pamela Moore-Lucas, DO 062
Dale K. Morgan, MD 214
James I. Mudgett, MD 070
* Donald B. Muir, MD 126
* John A. Mulder, MD 162
John Mullally, MD 062
Thomas S. Mullally, MD 194
* Anthony C. Munaco, MD 174
* David B. Munro, MD 098
* Mary E. Murphy, MD 126
* Alberto Nacif, MD 118
* Farzin Reza Namei, MD 190
* Marcia S. Nansel, DO 010
Sharon W. Nash, MD 094
Sulayman H. Nassar, MD 062
Joseph Natole, MD 190
* Thomas Neidlinger, MD 034
Allan D. Nelson, MD 138
* Pamela J. Nelson, MD 102
* William D. Nelson, MD 162
* Lynn P. Nevin, MD 150
Edward E. Newcomb, MD 170
* Keith J. Newell, MD 142
* Peter A. Newhouse, MD 102
Donald L. Newman, MD 174
Jeffrey S. Newman, MD 154
John P. Newton, MD 106
* Quan D. Nguyen, MD 090
Trinn Nguyen, DO 090
* Luis A. Nino, MD 222
* Linda D. Norrell, MD 062
* Joseph I. Nosanchuk, MD 174
Peter F. Nowosielski, MD 126
* Clarence B. Nyce, MD 102
* James D. O'Brien, MD 106
James G. O'Brien, MD 090
John M. O'Brien, MD 218
Shawn M. O'Donnell, MD 062
* Robert W. Oakes, MD 034
Per Lamont Okey, MD 114
* Alex Olen, MD 222
* Timothy D. Oliver, MD 206
* Randy S. Olli, MD 134
Bruce C. Olsen, MD 162
* Richard E. Olsen, MD 150
David L. Olson, MD 150
* Baha Onder, MD 174
Debbie Ondersma, DO 134
Kenneth P. Orbeck, DO 062
Mark S. Ostahowski, MD 154
David T. Ottenbaker, MD 186
* George E. Overly, MD 162
* C. J. Pabian, MD 222
James E. Packer, MD 190
Jon D. Paget, MD 090
* Jaak M. Pahn, MD 042
* Thomas R. Palmer, MD 222
Dennis J. Pank, MD 062
* Dana D. Panknin, MD 014
Keith L. Papendick, MD 034
* Kenneth A. Parada, MD 170
* Mary Ellen Pardi, MD 102
Kris Parnicky, MD 222
* Eleanor M. Parshall, MD 114
Cheryl L. Parsons, MD 014
David Pastoor, MD 042
B. G. Patel, MD 174
* Suman Patel, MD 222
Taru P. Patel, MD 106
* Roger D. Paterson, MD 130
* Robert E. Paxton, MD 166
* Richard P. Payea, MD 095
* Edward Pazuchowski, MD 126
Ronald C. Peets, MD 090
James F. Peggs, MD 218
* Dennis J. Perry, MD 090
David W. Peters, MD 222
Carl A. Peterson, MD 078
Edward A. Petoskey, MD 222
* John L. Pfenninger, MD 154
* Brian V. Phillips, MD 106
* James E. Phillips, MD 198
* Reginald W. Phillips, MD 118
* Susan M. Phillips, MD 106
Tammy S. Phillips, MD 154
William W. Phillips, DO 204
Woodrow H. Pickering, MD 062
Charles B. Pierson, MD 026
* Boleslaw Pietruszka, MD 062
* Kevin L. Piggott, MD 134
Wallace W. Pike, MD 062
* Jack T. Pinney, MD 154
* Al Joseph Pinon, MD 102
* Dale M. Plapp, MD 010
* Christopher J. Pogliano, MD 066
* Emery C. Polasek, MD 102
* Jamie A. Poliskey, MD 154
* Charles R. Pollard, MD 138
Steven M. Pollens, MD 102
Janis Pone, MD 010
* Leonard J. Portner, MD 174
* Jack E. Portney, MD 062
Gary A. Posner, MD 154
J. Jay Post, MD 186
Mark A. Povich, MD 050
Daniel B. Powers, MD 186
Sujatha Prasad, MD 062
* Vikram Prasad, MD 118
Joseph M. Price, MD 202
Clark E. Pritts, DO 150
John M. Proos, MD 026
Russel F. Proud, MD 222
Donald Prouty, MD 074
* Philip C. Ptacin, MD 034
* William P. Purfield, MD 114
* Scott R. Pynnonen, MD 082
* Fe F. Quines, MD 210
Ernest V. Quiroz, MD 106
Roberto G. Quizon, Sr., MD 174
Susan L. Radecky, MD 106
Russell M. Ragan, MD 096
* Frank P. Raiford, III, MD 222
* Gerald Rakotz, MD 126
* Joseph J. Rambo, MD 026
* Benjamin R. Ramos, MD 222
* Dennis M. Ramus, MD 126
* Richard M. Rankl, MD 062
* Christopher J. Rasak, MD 222
Richard S. Rasmussen, MD 106
* James R. Rawlinson, MD 090
* S. Raythatha, MD 038
William R. Rech, MD 174
Chada N. Reddy, MD 222
* David G. Reed, MD 126
* Jesse H. Reed, MD 158
* Donald B. Reinders, MD 166
* P. Graydon Reinoehl, MD 214
Richard J. Remsberg, DO 074
Todd Rexford, MD 162
Fredric A. Reyelts, MD 106
Robert C. Richard, MD 106
James P. Richards, MD 014
Stacy K. Richards, MD 174
Mark M. Richardson, MD 090
Michael T. Richardson, MD 134
Sami F. Rifat, MD 174
* Liana G. Rinzler, MD 106
Shirley Robertson, MD 090
* Stanley R. Robinson, MD 090
Pamela G. Rockwell, DO 062
* David J. Rodgers, MD 174
* Peter J. Rodin, DO 222
Linda M. Rodriguez, DO 062
William B. Rogers, MD 198
* Abraham S. Rogoff, MD 222
George P. Roller, MD 190
Gregory C. Rood, MD 026
* Gary T. Roome, MD 062
A. Leslie Rose, MD 050
Louis Rosenbaum, MD 134
Frederick C. Rosin, MD 190
Tina M. Rossi, MD 014
Katherine A. Roth, MD 090
Mary Elizabeth Roth, MD 174
* Robert L. Roty, MD 206
Russell C. Rowan, MD 034
Steven J. Rowe, MD 082
Kristine O. Rudolf, MD 174
Rainer A. Rudolf, MD 174
Terry S. Ruhl, MD 154
* Gary E. Ruoff, MD 102
* Richard D. Rusak, MD 150
* Jack Ryan, MD 222
* Tom T. Saad, MD 010
John J. Saalwaechter, MD 062
* Bernard A. Sage, MD 222
* F. Michael Saigh, MD 054
* Louis E. Sanford, MD 094
Narciso D. Santiago, MD 190
* Peter T. Savage, MD 010
* Duane M. Saxton, MD 186
G. L. Schaiberger, Jr., MD 095
* John F. Scheerer, MD 218
David W. Scheonow, MD 134
Serge P. Schillio, MD 026
Steven E. Schlabach, DO 174
* Henry Schlesinger, MD 222
* Robert W. Schmidlin, MD 062
* Elaine M. Schmidt, MD 162
Norman L. Schmitt, MD 222
Harry E. Schneiter, MD 106
Charles A. Schoff, MD 154
* David J. Schriemer, MD 102
Clarence H. Schultz, MD 222
Donald V. Schultz, MD 222
Michael L. Schultz, MD 190
* Frederick C. Schwartz, MD 170
* Howard B. Schwartz, MD 222
Joseph A. Schwartzberg, MD 222
Thomas L. Schwenk, MD 218
* Caroline G M. Scott, MD 190
Andrew Sears, MD 190
Neil R. See, MD 026
Steven K. Selin, MD 106
Robert Selman, MD 174
* James W. Setchfield, MD 106
Kantilal M. Shah, MD 222
Rajesh P. Shah, MD 098
Devendra K. Sharma, MD 095
* David L. Sharp, MD 106
Mary Sharp, MD 090
* Marguerite R. Shearer, MD 218
* Mark R. Shebuski, MD 082
* Kamran F. Sheikh, MD 222
* Donald A. Sheill, MD 162
V. Lowell Sheline, MD 074
Luke H. Sheng, MD 118
* Douglas D. Sherk, MD 134
* Eber B. Sherman, MD 058
* John W. Sherman, MD 190
* James F. Shetlar, MD 190
* William M. Short, MD 134
Patricia Z. Showerman, DO 118
Maria E. Shreve, MD 222
* Sherman C. Shultz, MD 114
I. Walter Silver, MD 222
Milton F. Simmons, MD 126
Ronald D. Simmons, MD 226
* Lewis E. Simoni, MD 062
Michael J. Slavin, MD 190
* Ronald H. Smalley, MD 062
David J. Smith, MD 090
* Duane E. Smith, MD 202
* Gary S. Smith, MD 154
George F. Smith, MD 090
* Mervyn W. Smith, MD 106
Neal A. Smith, MD 074
Robert D. Smith, MD 030
Thomas G. Smith, MD 226

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FP-Family Practice

Timothy V. Smith, MD 186
William L. Smith, MD 070
Kimiko Snider, MD 130
Mark Snider, MD 158
Frank J. Soler, MD 222
* Alex E. Solik, MD 062
* Abraham B. Solomon, MD 222
Susan J. Solomon, MD 095
Craig R. Sonke, MD 154
* Ashok R. Sonnad, MD 074
Norman C. Sooy, MD 170
Jonathan S. Sorscher, MD 218
* Diana C. Soulias, MD 174
* Carol S. Southland, MD 162
James E. Spens, MD 014
* James R. Spindler, MD 018
* Dawn E. Springer, MD 090
Jack M. Stack, MD 074
* John M. Stafford, MD 026
* Meyer Stamell, MD 222
James D. Stamp, MD 222
* Linda K. Stanley, MD 026
* William J. Starbird, MD 110
* Gary W. Stencel, MD 126
Kabet J. Sterk, MD 186
Brigette K. Stern, MD 126
* William K. Stetson, MD 062
Charles E. Stevens, MD 094
Mark C. Stevens, MD 134
Tommy S. Stevens, MD 062
Hyun A. Steward, MD 158
* F. James Stewart, MD 170
* Judith E. Steyer, MD 134
Douglas F. Strong, MD 206
* James P. Strong, MD 182
L. Lamar Styer, MD 186
* Adolph W. Suksta, MD 126
Timur Sumer, MD 062
Ross A. Summers, MD 222
* Barbara A. Supanich, MD 090
Michael L. Szymanski, MD 218
Douglas G. Tacket, DO 026
Douglas G. Tacket, DO 026
Ayman Tadros, MD 062
Gerald M. Takala, MD 182
Janet L. Talmo, MD 106
* Irmina Targowski, MD 102
James A. Taylor, DO 098
* Walter C. Taylor, III, MD 222
* Thomas M. Teal, MD 206
* Thomas A. Tenaglia, MD 222
Stephen G. Tepastte, MD 090
* Barbara C. Tess, MD 126
* Vijayalakshmi Thandra, MD 222
Steven J. Thiry, MD 218
* Jean B. Thomas, MD 106
* Thomas K. Thomas, MD 222
William G. Thomas, MD 070
Margaret E. Thompson, MD 106
* Peter S. Thoms, MD 062
* Mary E. Thorne, MD 090
* Richard Thurmer, DO 102
* Barbara Tilben, DO 206
* Rodrigo Tobar, Jr., DO 174
* Rodrigo R. Tobar, MD 222
Timothy J. Tobolic, MD 106
* Richard M. Tooker, MD 102
* David W. Torkelson, MD 190
Estelle P. Torres, MD 186
* Robert J. Toteff, MD 222
* Gaylord A. Treadway, MD 022
* Paul J. Treusch, MD 174
* Daniel Triezenberg, MD 142
* Wayne M. Trinklein, MD 090
Don L. Troyer, MD 102
* Mark G. Trudell, MD 062
Bruce J. Trusock, MD 082
* Craig B. Tubbs, MD 074
* Douglas B. Tubman, MD 022
April Tyler, DO 062
Seth D. Udlis, MD 026
* Benjamin T. Ulep, MD 134
* Lawrence A. Ulmer, DO 102
Robert J. Urban, MD 204
* Otonas Vaitas, MD 174
Dennis E. Van Alst, MD 226
Fred J. Van Alstine, MD 206
* Gerald G. Van Arendonk, MD 102
Joseph P. Van Ark, MD 090
Bruce L. Van Cleave, MD 174
John C. Van Dalson, MD 070
* Hendrik C. Van Den Ende, MD 134
* Frederick W. Van Duyne, MD 062
Philip L. Van Lente, MD 106
Glenn R. Van Noord, MD 106
Keith Van Oosterhout, MD 026
Fredk I. Van Wagnen, MD 098
* David A. Van Winkle, MD 162
Tunis Vanden Berg, MD 106
* Scott D. Vander Hill, MD 142
John Vander Molen, MD 106
William L. Vander Vliet, MD 186
* Gerald A. Vander Voord, MD 090
Howard L. Varney, MD 096
Charles T. Vear, MD 078
Steven J. Verkaik, MD 186
Robert P. Vermaire, MD 218
* A. N. Vettraino, MD 174
Douglas L. Villa, MD 054
Teresita M. Villasis, MD 038
* Robert L. Vitu, MD 190
Jan J. Vlach, MD 070
James L. Voigt, MD 102
* John A. Vollmer, MD 126
Cheryl C. Von Valtier, MD 174
* Kandarp K. Vora, MD 150
* Carol J. Voytas, MD 102
John J. Vrbanac, MD 178
* William C. Wadland, MD 090
* Christian E. Wagner, MD 106
Stephen M. Wahl, MD 134
Lawrence W. Waite, DO 034
Everal M. Wakeman, MD 222
* Jerry L. Waldyke, MD 218
* John A. Walen, MD 106
* Paul A. Walk, MD 034
James D. Walker, II, MD 062
* John F. Walstrum, MD 010
* David T. Walsworth, MD 222
* Daniel L. Walter, MD 062
* Jerome H. Wassink, MD 186
Mary L. Watts, MD 126
Carol M. Ways, MD 218
* Alan P. Weamer, MD 062
B. Sean Webb, MD 134
Lester E. Webb, MD 190
* William R. Webb, MD 222
* Laurence G. Weber, MD 102
* Robert M. Weber, MD 062
* Edward R. Weddon, MD 098
Thomas A. Weeber, MD 106
Donald R. Weersing, MD 186
Suzanne Wehrenberg, MD 170
* Lori Weide, MD 126
Alan H. Weitenberner, MD 126
Timothy T. Wellemeyer, MD 090
Paul T. Werner, MD 174
Charles Wessel, MD 126
Mary West, MD 162
Robert J. Westerhoff, MD 106
* Richard L. Westerman, MD 102
William J. Westrate, MD 186
Robert G. Wetterstrom, MD 218
Jennilyn Wetzel, MD 126
* James R. Wheat, MD 010
James R. Whelan, MD 226
* Frank T. White, MD 062
* Louis I. White, MD 174
* Lawrence C. Whiting, MD 190
Mary C. Whitmer, DO 050
* John L. Wiant, MD 174
Lloyd T. Wiegerink, MD 150
* David A. Wild, MD 130
* Larry E. Wile, MD 102
William L. Wilkinson, MD 026
Earl R. Williams, MD 142
* John H. Williams, MD 222
* Joshua S. Williams, MD 222
Richard F. Willis, MD 014
* Clinton W. Wilson, MD 026
David K. Wilson, MD 062
Elizabeth K. Wilson, DO 050
Christina L. Winder, MD 126
Bruce K. Winner, MD 106
* Sheryl A. Wissman, MD 222
David Witte, MD 214
Bradford Woelke, MD 174
Leland W. Wolf, MD 078
Timothy R. Woltanski, MD 138
Catherine A. Wonski, MD 106
* William H. Woodhams, MD 102
Walter R. Woodhouse, MD 126
* Bernard J. Woodley, MD 222
* David M. Woodliff, MD 018
Edwin S. Woodworth, MD 118
* Thomas B. Woodworth, MD 022
* Michael J. Worzniak, MD 114
* Gary A. Wozniak, MD 222
* C. David Wright, MD 095
* Terrence P. Wright, MD 106
Barbara L. Wuehrmann, MD 106
* John O. Wycoff, DO 090
* S. A. Yannitelli, MD 034
* G. James Yobst, MD 154
* Kenneth E. Yokosawa, MD 062
Ashley F. Youn, MD 154
Anna G. Young, MD 170
* John R. Young, MD 034
Douglas C. Youngman, MD 226
* Barina Y. Zado, MD 062
Anton Zadurowycz, MD 222
* Mark A. Zainea, MD 222
* Kamran Zakaria, MD 222
* Louis R. Zako, MD 170
* Ronald C. Zapf, MD 214
James M. Zelch, MD 174
* Daniel M. Zelko, MD 062
* John L. Zettelmaier, MD 218
Gary R. Ziegler, MD 070
Barbara M. Zimmerman, MD 134
Charles R. Zimont, MD 198
Joseph P. Zobro, MD 082
* Thomas Zuber, MD 154

FPG-Geriatric Medicine (Family Practice)

Elizabeth W. Imeson, MD 090
John C. Kretzschmar, MD 222
* Harold A. Timreck, MD 150
* Bernard Weston, MD 222

FPS-Facial Plastic Surgery, Otolaryngology

* Robert H. Burke, MD 218
* Robert H. Mathog, MD 222

GE-Gastroenterology

* Larry A. Adler, MD 218
Mowafak S. Al-Asbahi, MD 222
* Samir Al-Hadidi, MD 126
* Jeffrey S. Alexander, MD 170
Thomas J. Alexander, MD 174
* Eugenius S. Ang, MD 218
* Asif Azeem, MD 106
Rafael Barfi, MD 222
* Dale W. Beaumont, MD 126
* David L. Benkoff, MD 222
Kevin L. Beyer, DO 102
* Robert D. Brouwer, MD 102
* Paul R. Butler, MD 090
Peter H. Deridder, MD 174
C. Rupert L. Edwards, MD 222
* John P. Egan, Jr., MD 162
* Jerrold S. Falk, MD 102
* Paul O. Farr, MD 106
* James A. Fuson, MD 106
Balvant K. Ganatra, MD 062
Bradford C. Gelzayd, MD 174
Eugene A. Gelzayd, MD 174

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* Thomas H. Gietzen, MD	170
Anil Gupta, MD	222
* Thomas P. Gushurst, MD	102
* W. Gene Heeringa, MD	106
* Glenn I. Hiller, MD	222
Todd K. Holtz, MD	154
* Richard W. Houston, MD	102
* Randall S. Jacobs, MD	174
* Bruce A. Jones, MD	026
* Ramon R. Joseph, MD	222
* Amita Kakarla-Maganti, MD	190
* Vallisitaram P. Kodali, MD	174
* Varin U. Kule, MD	022
* Jeffrey A. Leinicke, MD	162
* Michael J. Madura, MD	106
* Richard S. Mc Caughey, MD	174
* Robert M. Mc Nier, MD	190
J P. Milliken, MD	070
Ramesh Naram, MD	190
* JoAnn E. Ormand, MD	106
* Gregory V. Osborne, MD	106
* John P. Papp, MD	106
* Sunil Pasricha, MD	102
* Michael H. Piper, MD	126
* Guy C. Power, MD	162
* Robert J. Priest, MD	222
Jeffrey Puccio, MD	222
Valiya V. Ravi, MD	222
Eugene Rudolph, MD	098
Kurt A. Sanford, MD	070
* Abul H. Shamsuddoha, MD	174
* Jack M. Shartsis, MD	126
* Yousuf A. Siddiqui, MD	206
Ved P. Singla, MD	222
* Manuel Sklar, MD	222
Laurence E. Stawick, MD	222
* Albert H. Stein, MD	222
* Nabil T. Tawile, MD	222
* Gustav A. Uhlich, MD	170
Irving A. Warren, MD	222
* David H. Wiedemer, MD	090
Tadataka Yamada, MD	218
Chan S. Yaung, MD	026

GO-Gynecological Oncology

* Vinay K. Malviya, MD	222

GP-General Practice

Rukmani Achari, MD	222
James R. Adams, MD	222
Isa S. Ajlouni, MD	222
Imad Al-Azem, MD	222
* Leonard C. Aldrich, MD	082
* Barry H. Alford, MD	218
A. E. Alimboyoguen, MD	062
Sam Alpiner, MD	222
Evangeline Ancheta, MD	190
D. Hess Anderson, MD	094
* Reynaldo B. Arceno, MD	222
Donald H. Archibald, MD	182
Annie L. Atkinson, MD	162
Mustafa Avci, MD	174
* Muzaffar K. Awan, MD	222
Benjamin H. Bader, MD	222
Gerald F. Barofsky, MD	106
* Joseph F. Baron, MD	082
Theodore L. Bash, MD	050
E. William Bauer, MD	174
* Loren M. Baylis, MD	174
* Joseph F. Beer, MD	194
* Richard A. Beison, MD	218
Jack P. Bentley, MD	098
* Victor A. Berglund, MD	102
* Murray S. Bergman, MD	222
Eduardo T. Bermudez, MD	190
William E. Berndt, DO	074
Joseph E. Berry, MD	222
* George D. Beyer, MD	062
B. Wayne Bingham, MD	090
Larry L. Blair, MD	018
* Lowell E. Blanchard, MD	114
* W B. Bloemendal, MD	186
* John L. Boccaccio, MD	222
Robert E. Bolthouse, MD	162
Gary M. Bomphray, MD	022
* William H. Bond, MD	162
* Warren E. Bontrager, MD	150
* Edmund T. Bott, MD	222
* Wilbur G. Braham, MD	198
* Zane A. Brashares, MD	098
Harvey H. Brinkman, MD	095
* Charles H. Brown, MD	222
* Harold E. Brown, MD	026
* Thomas A. Brown, MD	222
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* Herman R. Brukardt, MD	146
Lester A. Buhler, MD	194
* Leo W. Bunce, MD	094
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* Quinter M. Burnett, MD	042
* John J. Burroughs, MD	158
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Joseph F. Burtka, MD	174
Harry R. Butler, MD	222
* Jaime T. Calaguas, MD	222
Alice F. Campbell, MD	034
Hector E. Carrion, MD	214
Cesar P. Casten, Jr., MD	095
* Edgar H. Caughey, MD	222
Richard D. Cecconi, Sr., MD	054
* Elwood M. Chipman, MD	206
Arthur M. Clark, MD	222
* William P. Clark, MD	222
John M. Clarkson, MD	046
Susan T. Clarkson, MD	046
* George R. Clinton, MD	090
* Edgar G. Cochrane, MD	222
* Versa V. Cole, MD	170
Charles E. Conaway, MD	110
* Aeneas Constantine, MD	014
* Carlton L. Cook, MD	114
* Maria Corondan, MD	126
Stanley A. Cosens, MD	022
* Frank I. Costa, MD	158
Kenneth R. Crawley, MD	102
Austin G. Craymer, MD	138
Maria V. Cserhalmi, MD	222
Eugene T. Daly, MD	222
* Leticia T. Dantes, MD	190
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Kristy Davis, DO	198
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* Richard C. Dayton, MD	174
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* Joel T. Dean, MD	194
* John D. Demay, MD	098
Willard D. Den Houter, MD	218
* Carlton K. Dettman, MD	062
* Leon A. Dickson, MD	222
George Z. Diehl, MD	158
* Bert Diephuis, MD	214
Edwin J. Dobski, MD	174
* Donald A. Dunlop, MD	096
* Max L. Durfee, MD	218
* William P. Edmunds, MD	218
* Claude I. Ellis, MD	070
George A. Ellis, MD	190
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Alan J. Elnick, MD	022
William K. Emery, MD	026
Nancy Eos, MD	118
Matthies Evans, MD	090
Atanasio C. Fajardo, MD	222
* Luis Fanego, MD	222
Ivonne I. Felix, MD	222
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* Louis G. Ferrand, MD	106
* Virginia M. Ferrara, MD	222
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* Daniel L. Fink, MD	222
Elizabeth Fischer, MD	170
* Zdzislaw Fiutowski, MD	222
* Leonard M. Folkers, MD	090
William M. Follis, MD	022
Silvio P. Fortino, MD	090
* Nils A. Franzen, MD	222
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* Melvin J. Frieswyk, MD	186
* Faith B. Fritsch, DO	090
* Andrew A. Fulgenzi, MD	126
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Steven N. Gervae, MD	182
* Richard E. Gibson, MD	102
* Robert E. L. Gibson, MD	122
* Elmer A. Goerke, MD	222
* Samuel B. Goss, MD	222
* Salah E. A. Gouda, MD	222
Michael P. Grant, MD	190
Cornell Greavu, MD	110
* John B. Greene, MD	222
* James M. Greenwood, MD	022
* S. Phillip Grillo, MD	218
Neil E. Grossnickle, MD	204
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Elizabeth A. Gurden, MD	206
* Henry V. Guzzo, MD	038
Thomas L. Hackett, MD	098
Richard D. Hackley, MD	062
* Leslie P. Haefele, MD	222
F. Howard Hague, MD	042
* Ellen R. Haines, MD	222
* Leonard Haking, MD	222
* Lee H. Halsted, MD	174
* Herbert E. Hamel, MD	042
* Kuno Hammerberg, MD	096
* Merle B. Haney, MD	110
* John B. Hannah, MD	206
Lawrence A. Hansen, MD	222
Frank G. Harrell, MD	102
Louis E. Harrington, MD	090
* W. Richard Harris, MD	162
William H. Harrison, MD	090
* Robert J. Hartquist, MD	222
* Ahmed A. Hassan, MD	194
* Orville J. Hastings, MD	222
* Richard L. Hatton, MD	090
Paul A. Haupt, DO	146
* James D. Hays, MD	186
Paul A. Heidel, MD	070
* Herbert O. Helmkamp, MD	190
* Alan K. Hendra, MD	126
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* Anita M. Herald, MD	162
* Jason Hodges, MD	222
* Ralph M. Hodges, MD	102
* Russell J. Holcomb, MD	194
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Larry L. Houts, DO	198
* Willard H. Howard, MD	102
* Herbert E. Humphrey, MD	034
Richard A. Huntley, MD	178
Howard F. Hurt, DO	022
* Aliqemal Hysni, MD	222
* Peter H. Iacobell, MD	222
* Elsa A. Isip, MD	222
* John M. Jacobowitz, MD	102
* Wadi J. Jibrail, MD	026
Helene M. Johnson, MD	026
J. Frederic Johnson, MD	174
* Franz W. Jordan, MD	190
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* Walter A. Kaplita, MD	222
Saul Karch, MD	222
* Paul H. Karr, Sr., MD	062
* Arnold Kass, MD	222
* William H. Kaufman, MD	222
* William R. Kavanaugh, MD	102
Edward N. Keegstra, MD	026
John J. Kelly, MD	222
Donald M. Kennett, MD	062
* Howard J. Kerr, MD	162
* Elie G. Khoury, MD	174
* George E. Kieler, MD	150
* Kwan Soo Kim, MD	034

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GP-General Practice

Seong C. Kim, MD 198
William F. Kirchhaine, Jr, MD 162
William W. Kitti, MD 070
* Gary H. Knapp, MD 222
Lubomira S. Kocur, MD 110
* Edward J. Koerber, MD 222
Robert C. Kolesar, MD 154
Miroslav Kollar, MD 126
Joseph Kopchick, MD 094
Anthony E. Kozlinski, MD 222
* Henry J. Kreulen, MD 106
Francis X. Krynicki, MD 222
* Francis S. Kucmierz, MD 222
* Albert A. Kuhn, MD 222
William F. Kutsche, MD 095
Carl R. Lahti, MD 182
Sarla Lal, MD 126
* Gerald P. Lammers, MD 158
* Tamas A. Lanczy, MD 082
* Gregory D. Lapinski, MD 098
* Charles J. Lapp, MD 126
Richard I. Larned, MD 222
* Laurence R. Leaver, MD 222
Nicholas Lentini, MD 170
* Marvin B. Levy, MD 174
* George H. Lewis, MD 106
Norman V. Lincoln, MD 142
* Otto I. Linet, MD 102
* Carl E. Lipnik, MD 222
Prarop Liptawat, MD 222
Alfonso G. Llanto, MD 026
John P. Ludwick, MD 170
Arthur S. Lussos, MD 174
* John A. Mac Neal, MD 078
* Herminio G. Magbanua, MD 114
Lewis E. Maire, MD 162
Ahmad J. Majzoub, MD 222
Luz M. Marrero-Reyes, MD 222
Percy S. Marsa, MD 174
John W. Mc Crea, MD 202
* L. Robert Mc Elmurry, MD 090
* Leland R. Mc Elmurry, MD 090
Roscoe I. Mc Fadden, MD 214
Edna C. Mc Inerney, MD 050
* Wendy Y. Mc Kay, MD 222
Nestor Melnyczuk, MD 222
Samuel Mendoza, MD 222
Harold O. Messmer, MD 126
* Wesley B. Mikesell, MD 222
Edward J. Miles, MD 210
* Martyna Miskinis, MD 222
C. Leslie Mitchell, MD 222
Behrouz Moghtassed, MD 062
Walter L. Moleski, MD 158
Elba Molina Pung, MD 090
* Dale L. Moliterno, DO 190
Leonard C. Mooi, Jr., MD 204
Arthur R. Morley, MD 222
Frederick L. Moseley, MD 222
* Lambertus Mulder, MD 162
Donal T. Mulhern, MD 190
* Loretta A. Mullally, MD 194
Joseph R. Mullen, MD 222
Thomas W. Myers, MD 018
Aurora P. Nazareno, MD 222
Darwin M. Nelson, MD 222
* William E. Nettleman, MD 030
John R. Neuman, MD 090
* Elmer L. Novis, MD 090
R. J. O'Malley, MD 094
* Sachiko K. Okamoto, MD 162
Charles L. Oppy, MD 150
Marc Pacho, MD 126
* Gordon A. Page, Jr., MD 095
Charles S. Paine, MD 026
Sambhu P. Pant, MD 222
Michael D. Parmer, DO 226
Norman P. Payea, MD 095
Stanley M. Pearson, MD 022
Alicia A. Pedelty, MD 166
Norman L. Pedelty, MD 166
Florence Perez, MD 126
* David K. Peshka, MD 026
* Frank L. Pettinga, MD 162
Alvin J. Phelan, MD 090
* George H. Phillips, MD 098
Edward C. Pierce, MD 218
John Pierpont, MD 182
John E. Polk, MD 222
Harry Portnoy, MD 222
Arsenio G. Posada, MD 222
Juan G. Posada, MD 222
* Marcia L. Potter, MD 218
* Robert C. Prophater, MD 022
Robert B. Pryor, MD 018
Angelo Pugliesi, MD 126
Lambert P. Rahm, MD 222
* Vasantha Rajagopal, MD 190
Louis A. Ravitz, MD 222
* Amos P. Rawson, MD 114
* Kenneth J. Ray, MD 222
Patricia L. Rehfield, DO 186
* Morris V. Reiff, MD 222
* Frederick C. Reigle, MD 030
* Crispo G. Rejano, MD 222
Edward E. Reynolds, MD 090
John W. Rice, MD 098
* Meshel Rice, MD 222
Phillip O. Richards, MD 098
Thomas F. Richmond, MD 226
* Lewis D. Rickman, MD 126
* Harry L. Riggs, MD 174
* Robert W. Rinkel, MD 222
Walter A. Robison, MD 102
Wilhelm K. Rock, MD 026
* Edward H. Rodda, MD 022
Rodney J. Rogers, MD 102
* Robert C. Rood, MD 222
* William Roosenberg, MD 106
* Samuel A. Rosenthal, MD 222
Lloyd S. Rotz, MD 186
* John A. Rupke, MD 106
* Joseph J. Ruva, MD 174
* Ruth H. Salo, MD 222
* Gilbert B. Saltonstall, MD 170
Serafin L. Samson, MD 114
Donald R. Schimnoski, MD 198
* William J. Schmelzer, MD 022
George J. Schmidt, MD 222
* Krzysztof E. Schneiberg, MD 222
William H. Schock, MD 010
Claudia Schroeder, MD 138
* Frank R. Schultz, MD 190
Paul C. Schwallie, MD 102
John M. Schwartz, MD 062
* Gerard Scott, MD 190
* George D. Seymour, MD 062
* Maxwell L. Shadley, MD 174
* Louis Shiovitz, MD 222
John L. Siefert, MD 222
Robert Sinanian, MD 102
* Nelson Singer, MD 126
* Yuktanand Singh, MD 218
George W. Sippola, MD 222
* James Sirajuddin, MD 214
Dennis A. Smallwood, DO 202
* D. Roemer Smith, MD 054
* Glenn L. Smith, MD 110
* Maurice J. Smith, MD 062
* Michael W. Smith, MD 218
* Gregory T. Sobczak, MD 162
E. G. Soleymani, MD 222
Anthony B. Songco, MD 158
Alfred J. Spagnuolo, MD 090
John R. Spencer, MD 070
* Perry C. Spencer, MD 090
* Adolph S. Spiro, MD 222
* Earle W. Spohn, MD 174
* Adelbert L. Stagg, MD 214
* Aaron C. Stander, MD 190
* Saul C. Stein, MD 222
* Charles G. Steinke, MD 054
* Wesley F. Stephenson, MD 046
Leonard H. Stern, MD 222
* William K. Stewart, MD 030
Dwight E. Stith, MD 222
* Robert G. Streicher, MD 158
Samuel Sugar, MD 098
* William F. Sutter, MD 138
* Raymond L. Sutton, MD 095
* Raymond H. Suwinski, MD 222
* Lionel F. Swan, MD 222

GS-General Surgery

Jaime F. Tan, MD 086
Steven G. Tarangle, MD 034
William H. Taurence, MD 222
* Amos Taylor, MD 222
Myron A. Tazelaar, MD 034
* Henry A. Tazzioli, MD 222
Leonard I. Thatch, MD 102
* Hugh O. Thompson, MD 222
* Sadie Thumim, MD 222
Steven D. Trombly, MD 126
Jack L. Tromp, MD 018
William C. Trowbridge, MD 106
* George A. Tumaneng, MD 062
* Chester J. Ujda, MD 222
* William G. Underhill, MD 190
* William R. Urbancic, MD 126
Vicente Uy, MD 110
* Edward W. Van Auken, MD 142
* Jerrian Van Dellen, MD 170
* Howard E. Van Oosten, MD 150
Girard Veenschoten, MD 138
Bernard M. Veenstra, MD 186
Mauro B. Velilla, MD 222
* Anton G. Venier, MD 042
Peter J. Verkaik, MD 186
* Rosario A. Villareal, MD 062
John H. Vincent, Jr, MD 190
Anton Vogel, MD 106
George A. Voikos, MD 162
* Hoat Vu, MD 210
* Barry F. Waite, MD 190
James D. Walker, MD 062
John F. Walters, MD 034
* Aaron K. Warren, MD 038
Desmond P. Waters, MD 138
Thomas M. Watkins, MD 014
* John C. Watts, MD 222
Casimir P. Weiss, MD 222
* Jack I. Weiss, MD 126
* Howard S. Wharton, MD 034
R H. White, MD 174
* Keith H. Whitehouse, MD 114
Delford G. Williams, Jr., MD 222
Edward V. Williams, MD 162
* William G. Winter, MD 186
* Arthur A. Wittenberg, MD 222
* Robert M. Wittig, MD 222
Bonnie R. Wolfram, MD 170
* Ralph F. Woodbury, MD 222
George H. Wynn, MD 114
* Morton I. Yarrows, MD 222
Michael J. Ziter, MD 226
Margaret H. Zolen, MD 102
* Sigmund A. Zukowski, MD 222

GPM-General Preventive Medicine

Joseph A. Arends, MD 174
Carolyn W. Bird, MD 174
* Ronald M. Davis, MD 090
* Jennifer A. Doyle, MD 218
William J. Mayer, MD 034
* Virginia Y. Mesa, MD 062
* Ronald D. Peterson, MD 222
John R. Petrasky, MD 050
James C. Terrian, MD 042
Charles M. Wylie, MD 218
Begum Zubeida, MD 222

GS-General Surgery

Atul C. Agrawal, MD 086
Ram N. Agrawal, MD 098
Syed S. Akhtar, MD 190
* Robert P. Albers, MD 186
Roxie M. Albrecht, MD 106
Lucilo C. Alcantara, MD 222
* Cornelius A. Alexander, MD 102
S. Akram Ali, MD 194
* John L. Alipit, MD 078
* Denis R. Alix, MD 106

Specialty Listing

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*	Abdul H. Alkhafaji, MD	174
*	Robert D. Allaben, MD	222
	Isidro C. Almeda, MD	126
	S. P. Almeida, MD	062
	Frank L. Amprim, MD	222
*	Joon N. Ann, MD	222
*	M. R. Ansari, MD	222
	James E. Appelwick, MD	022
*	Florentino A. Aquino, MD	026
	Federico A. Arcari, MD	174
	Joseph A. Arena, MD	174
*	Richard A. Armstrong, MD	066
	Wallace A. Arneson, MD	218
	Abdul G. Arshad, MD	114
	Richard B. Asbury, MD	114
*	Charles M. Asplund, MD	106
	Hal G. Aulie, MD	174
*	Edward Austin, MD	190
*	James B. Babel, MD	102
	Charles R. Bacon, MD	030
*	Sharif Baig, MD	222
	James E. Bailey, MD	030
	Karl O. Bandlien, MD	222
	Louis C. Barbaglia, MD	222
	Luis G. Barbe, MD	222
	Donald C. Barkel, MD	174
	Eduardo V. Barlan, MD	130
	C. Gerald Barone, MD	174
*	Leroy C. Barry, MD	190
	Joseph A. Barss, MD	194
*	Joseph S. Bassett, MD	222
*	Firooz Bassir, MD	222
	Thomas W. Baumgarten, MD	222
*	Joaquin P. Bautista, MD	222
	William D. Baxter, MD	018
	Leonardo M. Baylon, MD	114
*	Sussan M. Bays, MD	190
	Jeriel A. Beard, MD	142
	William J. Behrje, MD	102
	Pamela Benitez, MD	174
	Carl G. Benner, MD	070
	Clifford D. Benson, MD	222
	John W. Berghuis, MD	186
*	Roy T. Bergman, MD	090
*	Ramon Berguer, MD, PhD, MD	222
*	Ernest M. Berkas, MD	222
*	Conrad F. Bernys, MD	222
*	Bharat K. Bhatt, MD	222
	Timothy A. Bierema, MD	174
	William L. Bird, MD	094
	Vernon B. Blaha, MD	150
	Alexander Blain, III, MD	222
*	Marcus G. Blass, MD	010
*	David H. Blinkhorn, MD	222
*	William C. Bock, MD	026
*	Jason H. Bodzin, MD	222
*	Norman J. Bolton, MD	222
*	Steven Bolton, MD	174
*	Virgilio Bonet, MD	062
	Alvin Bonzelaar, MD	186
*	Robert G. Borchak, MD	222
*	Enayat Borhani-Azar, MD	158
*	Philip G. Borozan, MD	102
*	Daniel K. Borreson, MD	106
*	Jan K. Bosch, MD	106
	Rajendra Bothra, MD	222
*	Dennis A. Boysen, MD	190
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	Harvey J. Bratt, MD	106
	Frank N. Bredau, MD	222
*	Morris S. Brent, MD	222
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*	Lee R. Britton, MD	014
*	Andrew G. Brown, MD	174
	Arnold L. Brown, MD	174
	Arthur L. Brown, II, MD	102
	Eric A. Brown, MD	222
*	Frederick B. Brown, MD	162
*	Daniel P. Browning, MD	174
	Kneale M. Brownson, MD	070
*	Peter J. Bruno, MD	074
	Brock E. Brush, MD	222
*	Benjamin J. Bryant, MD	034
*	Joseph R. Buck, MD	222
*	B. G. Buenaflor, MD	114
	Rockwood W. Bullard, MD	174
*	Dan J. Bulmer, MD	154
	Richard E. Burney, MD	218
*	Lowell R. Bursch, MD	106
	J. Max Busard, MD	162
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	Abelardo V. Bustillo, MD	118
*	Michael J. Busuito, MD	222
*	Vincente D. Cabansag, Jr., MD	198
*	Donato M. Cabrera, MD	190
*	Waldo L. Cain, MD	222
*	C. Glen Callander, MD	102
*	Donald C. Camp, MD	026
*	Darrell A. Campbell, Jr., MD	218
	Richard E. Campbell, MD	094
*	Ruth B. Campbell, MD	222
	Eugene T. Capuzzi, MD	222
	John C. Carlisle, MD	222
	Ralph E. Carlson, MD	054
	Padraic C. Carmody, MD	102
	George G. Carothers, DO	106
*	Ernest W. Carpenter, MD	170
*	George A. Carty, MD	190
≡	Gregory D. Casey, MD	098
	Gaston L. Casillas, MD	102
	Manuel E. Castro, MD	174
*	James A. Catto, MD	174
*	Daniel J. Cecconi, MD	054
*	Richard D. Cecconi, Jr., MD	054
	Jose C. Centeno, MD	222
	James S. Ceton, MD	162
	Ahmed Chaballout, MD	222
	Paul L. Chan, MD	022
	Edward M. Chandler, MD	034
*	Hyun S. Chang, MD	222
*	N. B. Chari, MD	222
*	Walter E. Chase, MD	010
*	Chihsing C. Chen, MD	034
*	Jian Chen, MD	222
*	Merle A. Childers, MD	174
*	Kong C. Choi, MD	062
	Sang H. Choi, MD	174
*	Jim Y. Chow, MD	086
	Michael E. Chupp, MD	026
	Kimberly Clark-Paul, MD	194
*	Joel W. Clay, MD	126
	Robert H. Cleland, MD	050
	Frederick L. Clement, MD	102
≡	Robert P. Clifford, MD	194
	Theodore N. Cline, MD	070
*	Richard L. Collier, MD	090
*	Jay D. Collins, MD	150
*	John T. Collins, Jr., MD	102
*	Robert G. Combs, MD	090
*	Howard M. Comstock, MD	158
	P. J. Connaughton, MD	170
*	Paul J. Connolly, MD	222
	Frank W. Cook, MD	062
	Paul F. Cooper, MD	102
*	James W. Copping, MD	194
	William A. Corsini, MD	086
*	Joseph A. Cortez, MD	222
*	Michael G. Cotant, MD	174
	James T. Courtney, MD	174
	John J. Coury, MD	194
	Donald K. Crandall, MD	162
*	John W. Crawford, MD	162
*	Frank C. Cretsinger, MD	102
	Richard K. Crissman, MD	106
≡	Robert L. Cross, MD	062
*	William F. Crowley, MD	126
	Harry R. Custer, MD	170
*	Peter F. Czako, MD	174
	Harris H. Dabideen, MD	062
*	Michael S. Dahn, MD	222
	Byrne M. Daly, MD	098
*	Bernardo M. Danan, MD	126
*	F. Thomas Day, MD	222
*	Francis T. Day, MD	222
	Arthur F. De Boer, MD	186
*	Pedro R. De Castilla, MD	086
	Francisco L. De Guia, MD	070
	Lewis L. De Kryger, MD	106
*	Michael D. De Long, MD	030
*	Daniel A. De Vries, MD	106
*	Peter J. De Vries, MD	186
*	Marion S. De Weese, MD	218
*	Richard E. Dean, MD	090
*	Bruce G. Deckinga, MD	170
	Jose F. Del Rosario, MD	158
	Walid A. Demashkieh, MD	194
	John G. Den Hartog, MD	018
	Vernon E. Dencklau, DO	194
	Philip R. Dennis, MD	134
*	Nestor D. Deocampo, MD	126
	J. William Derr, MD	174
	Randal P. Desrochers, MD	218
	Paul J. Diamante, MD	034
	Alfonso Diaz, MD	222
*	Roy D. Diggs, MD	062
*	Timothy A. Diller, MD	070
*	Andrejs Dimants, MD	198
*	M. Ekrem Dimbiloglu, MD	034
*	Mark A. Dittenbir, MD	102
	Leonides A. Dizon, MD	222
*	Fred A. Doornbos, MD	106
	Robert M. Dotterrer, MD	070
	Dale W. Douglas, MD	158
	Linda M. Dubay, MD	222
≡	Peter A. Duhamel, MD	174
	Friedrich Dutka, MD	126
	William F. Dwyer, MD	062
*	Mary K. East, MD	218
≡	Frederic E. Eckhauser, MD	218
	Donald E. Economy, MD	222
*	John C. Eggenberger, MD	222
*	David E. Eggert, MD	098
	Thos N. Eickhorst, MD	062
*	Edward F. Eldredge, MD	222
≡	Robert M. Elkus, MD	222
	Elmer P. Ellias, MD	126
*	Errol E. Erlandson, MD	218
≡	Freyoon Eskandari, MD	222
	Walter O. Evans, MD	222
	George T. Fahlund, MD	022
	Irving Feller, MD	218
	Lorenzo Ferguson, MD	174
	Marion S. Ferszt, MD	222
	Paul J. Fierke, MD, MD	102
*	David M. Figg, MD	106
	Robert E. Finton, MD	098
*	Hans H. Fischer, MD	095
*	Thomas M. Flake, Jr., MD	222
	Richard A. Flanagan, MD	218
*	Jon S. Foltz, MD	190
*	Anthony J. Foster, MD	106
	Philip H. Frandsen, MD	162
*	Maurice Frankel, MD	222
*	John E. Franklin, MD	222
*	Phillip Frantzis, MD	098
*	Richard F. Freeman, MD	222
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*	Paul B. Friedman, MD	222
	David Fromm, MD	222
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*	Edward M. Fugate, MD	162
*	Willis G. Gaffney, MD	094
*	Vincent J. Gallant, MD	222
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	Divyakant B. Gandhi, MD	090
	Godofredo G. Gannod, MD	222
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	Louis B. Gariepy, MD	222
*	Ernesto A. Garma, MD	226
*	Arthur F. Geis, MD	102
*	Alma R. George, MD	222
	James J. Gibbons, MD	062
*	David H. Gilbert, MD	082
	Frederick S. Gillett, MD	106
*	James R. Gilsdorf, MD	218
	Albino F. Gimenez, MD	222
*	Richard Girardi, DO	114
*	John G. Girardot, MD	034
*	Sandra B. Gladding, MD	106
*	Philip R. Glotfelty, MD	034
*	John L. Glover, MD	174
	Julian Go, MD	194
	Narendra D. Gohel, MD	126
*	Steven H. Gollish, MD	096
*	Ramanlal M. Golwala, MD	222
*	Haribabu N. Gontina, MD	174
*	Robin I. Goodfellow, MD	030
*	Clayton H. Gordon, MD	174

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GS-General Surgery

Louis J. Gregory, MD 222
William S. Gross, MD 174
* James C. Gruenberg, MD 190
* R A. Gruesen, Jr., MD 050
Vincent T. Guarnaccia, MD 090
Nestor M. Guno, MD 150
Sham L. Gupta, MD 222
Barbara Gurdèn, DO 034
William Haeck, MD 106
* Richard S. Hagelberg, MD 170
* Mohamad Hakim, MD 222
* Jeffrey M. Hall, MD 222
* Debra J. Hamburg, MD 150
Stuart W. Hamburger, MD 174
Salah J. Hammou, MD 174
Herman P. Harms, MD 186
William A. Harrity, MD 222
* John M. Hartzell, MD 222
* Michael D. Hartzler, MD 014
Abdul A. Hassan, MD 062
Tawfiq A. Hassan, MD 222
* Glen H. Hastings, MD 026
* Vladimir A. Haszczyc, MD 222
* Abdelkader Al Hawasli, MD 222
Herbert J. Hazledine, MD 194
* James C. Heersink, MD 102
B. Elmore E. Henig, MD 150
Charles R. Hennessy, MD 062
* Klaus Hergt, MD 170
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* Leo M. Madarang, MD 062
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Virendra S. Mehta, MD 222
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John W. Murphy, MD 174

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* Henry K. Oh, MD 222
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P. H. Pangilinan, MD 222
* Hee D. Park, MD 062
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* John E. Pasko, Jr., MD 158
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* Vishnubhai U. Patel, MD 174
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* Meyer Pensler, MD 222
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* Jeffrey T. Perrapato, MD 102
* Gary L. Perrault, MD 174
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* Kenneth W. Post, MD 106
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Millard Posthuma, MD 226
* William P. Potthoff, MD 070
Carl E. Powell, MD 034
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* Robert J. Raiman, MD 106
* Ratan Rajani, MD 110
* Kumar Rama, MD 222
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* Bobbi J. Ramp, MD 062
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* Thammadi Ravikant, MD 174
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* Prabhaker N. Reddy, MD 126
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James E. Reif, MD 154
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* Andres D. Resto Soto, MD 222
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* Robert M. Reynolds, MD 222
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* J. Alan Robertson, MD 222
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* Tomlin C. Rosi, MD 150
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* August R. Roty, MD 102
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* M. B. Santiago, Jr., MD 026
* Florian J. Santini, MD 066
* Marcus F. Santini, MD 066
Arthur D. Santos, MD 026
James A. Sapala, MD 034
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* Marilyn A. Sauder, MD 174
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* Andrew Saxe, MD 222
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* Nelson S. Schafer, MD 062
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* David E. Scheeres, MD 106
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* Robert S. Schindler, MD 026
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* Alfred J. Schneider, MD 126
* Donald J. Scholten, MD 106
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* Eugene J. Simoni, MD 102
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* Carol A. Slomski, MD 090
* Homer M. Smathers, MD 222
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Robert O. Smith, MD 094
* Roger F. Smith, MD 222
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*	David A. Vanderwall, MD	106
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*	Juan O. Villamin, MD	222
*	Virgilio Villarreal, MD	062
*	L. A. Vitangcol, Jr., MD	026
*	Vollrad J. Von Berg, MD	222
	Ellwood G. Voorhees, MD	042
	Franklin V. Wade, MD	070
*	Thomas W. Wakefield, MD	218
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*	Alexander J. Walt, MD	222
*	Tarik Wasfie, MD	062
*	Bruce C. Washington, MD	222
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*	Lawrence R. Werschky, MD	198
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*	Harry R. Zemmer, MD	110
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GYN-Gynecology

*	Della D. Cohen, MD	222
*	William H. Jevons, Jr, MD	222
*	Cela L. Laughlin, MD	090
*	William A. Le Mire, III, MD	050
*	Francis A. Locke, MD	114
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*	Miles J. Murphy, MD	106
*	Richard Reid, MD	222
	Laura L. Schultz, MD	090
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HEM-Hematology (Internal Medicine)

	Joseph P. Abraham, MD	222
*	Jerry W. Anderson, MD	106
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*	John C. Nixon, MD	218
*	John B. O'Donnell, MD	106
*	Muhammad Rafi, MD	034
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*	Kenneth A. Stoutenborough, MD	134
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	Malcolm S. Trimble, MD	098
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HNS-Head and Neck Surgery

*	William D. Cheslin, MD	174
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HSO-Hand Surgery (Orthopedic Surgery)

	Rajesh C. Bhagat, MD	126
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*	Albert Van'T Hof, MD	106
*	Larry R. Walton, MD	102
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ID-Infectious Diseases

	Charles Bodem, MD	062
*	Charles P. Craig, MD	218
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*	Hugh G. Deery, II, MD	170
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	Daniel H. Havlichek, MD	090
*	Riad Khatib, MD	222
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IM-Internal Medicine

*	Carl B. Lauter, MD	174
*	Nicholas J. Lekas, MD	222
*	Keith D. Marcus, MD	186
*	David B. Martin, MD	070
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	Katherine Abbo, MD	126
*	R. Roderic Abbott, MD	062
*	Gerald J. Aben, MD	222
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	Nabil Z. Al-Hourani, MD	222
	Abdulsalam Al-Kassab, MD	062
*	Muhsin M. Al-Rawi, MD	174
*	Donald G. Albert, MD	174
*	Robert D. Albertson, III, MD	098
*	Elsa Alcantara, MD	222
	Leslie B. Aldrich, MD	218
*	Arden G. Alexander, MD	162
	Leonard C. Alexander, MD	222
*	Patrick C. Alguire, MD	090
*	Thomas F. Alguire, MD	186
	Shafqat Ali, MD	222
*	Ali A. Aliasgharpour, MD	158
*	Solon L. Alimario, MD	126
	Azmy A. Allam, MD	206
	Adnan M. Alshabkhoun, MD	174
*	Evelyn D. Alumit, MD	062
*	Maria E. Alvarez-Krizan, MD	030
	Altamash A. Amin, MD	190
	Jagatbhai A. Amin, MD	126
*	Chitra D. Amladi, MD	222
*	Daniel T. Anbe, MD	062
	Henry B. Ancheta, MD	190
*	Carl B. Anders, MD	070
	Francis C. Anderson, MD	050
*	Marvin D. Anderson, MD	222
	Peter J. Anderson, MD	162
*	Robert E. Anderson, MD	218
	Walter L. Anderson, MD	222
	Charles A. Andrews, MD	106
*	Kathleen M. Andries, MD	026
	Roman W. Andrushkiw, MD	222
	Daisy S. Angeles, MD	222
*	Aruna Anne, MD	062
	Richard D. Anslow, MD	174
*	Rex D. Antinozzi, MD	070
	Audberto C. Antonini, MD	222
*	Ramon M. Aparece, MD	126
*	Howard B. Appelman, MD	222
	Jennifer K. Appleyard, MD	222
	Mohammad B. Arbabi, MD	190
	Lakshmi N. Arekapudi, MD	022
*	Miguel A. Arellano, MD	126

Specialty Listing

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** Asterisk beside name denotes AMA membership*

IM-Internal Medicine

IM-Internal Medicine

* S. N. Argyres, MD 102
Ahmed A. Arif, MD 062
Genaro R. Arindaeng, MD 174
* Herminio A. Armovit, MD 114
* John R. Armstrong, MD 090
* Daniel J. Arnold, MD 134
A. Robert Arnstein, MD 174
Dilip S. Arora, MD 026
Madan L. Arora, MD 062
* Charles G. Artinian, MD 174
* Elaine L. Atallah, MD 222
* Pierre C. Atallah, MD 174
Steve Atallah, MD 222
* Haralambos Atoynatan, MD 206
Akbar Attary, MD 158
Thomas C. Auer, MD 070
* Miles S. Auster, MD 174
Eugene S. Austin, MD 206
* Noyes L. Avery, MD 106
Arnold R. Axelrod, MD 222
David Axelrod, MD 174
Mildred A. Axelrod, MD 174
John A. Axelson, MD 098
* Kambiz Ayrom, MD 174
* Ralph A. Babcock, MD 126
Norman F. Bach, MD 206
Joyce Bachman-Gathings, MD 102
* Ghassan I. Bachuwa, MD 062
* Peter R. Bachwich, MD 014
Rodolfo B. Bacolor, MD 162
Sardar Bahadur, MD 062
* Thabit M. Bahhur, MD 194
Donald B. Baker, MD 042
* Michael J. Baker, MD 174
Mahamad T. Bakri, MD 062
B. Balakrishnappa, MD 222
* Ronaldo S. Balboa, MD 194
* Edgar P. Balcueva, MD 190
* Ernie P. Balcueva, MD 190
* Patricia A. Ball, MD 174
* Gordon W. Balyeat, MD 106
Ramesh D. Bambhania, MD 198
* Jeffrey D. Band, MD 174
* David O. Bankole, MD 098
* Michael D. Banyai, MD 170
Teresa Baranowski-Birkmeier, DO 106
Brian A. Barbish, MD 222
Bruce S. Barbour, MD 098
* Edmund M. Barbour, MD 222
Mark B. Barettella, MD 102
* Rex V. Barnes, MD 102
* Robert E. Barnes, Jr., MD 070
* Anthony P. Baron, MD 126
* Roberto M. Barretto, MD 126
Thomas K. Barriger, MD 174
* Robert A. Barron, MD 174
* Javaid M. Bashir, MD 034
* Sidney Baskin, MD 222
* Neil A. Basmaji, MD 222
Fouad Batah, MD 174
Richard C. Bates, MD 090
* Donald H. Batts, MD 102
Theodore N. Batzer, MD 130
Jere M. Bauer, MD 218
* Moe Baumer, MD 222
* David D. Baumgartner, MD 106
* Terry L. Baxter, MD 102
* Gilbert M. Bazil, MD 222
* Gerald N. Beal, MD 026
* Carol A. Beals, MD 090
* Joseph M. Beals, MD 222
* Debra K. Beard, MD 106
* James E. Beard, MD 222
* Abraham Becker, MD 222
* Theo D. Beels, MD 106
* C. Peter Behme, MD 190
* William H. Beierwaltes, MD 222
Max R. Beitman, MD 222
* Marko V. Belej, MD 082
Sandor F. Bende, MD 222
Stephen A. Bendix, MD 222
Larry M. Bennett, MD 096
* Davis A. Benson, MD 222
* Mario S. Benvenuto, MD 222
* Edwin L. Berger, MD 174
* Jeffrey P. Berger, MD 222
* Howard L. Bergo, MD 222
* Kenneth L. Bergsman, MD 222
* Fernando Bermudez, MD 222
* Walter G. Bernard, MD 222
Daniel J. Bernstein, MD 062
Marc J. Bernstein, MD 102
* Owen M. Berow, MD 102
* Deloris A. Berrien-Jones, MD 222
* Dennis C. Besley, MD 106
* Guillermo Betanzos, MD 126
Margaret L. Betts, MD 222
* Eldean G. Betz, MD 102
Marcus G. Beversluis, MD 106
* Jagdish B. Bhagat, MD 062
* Ratilal D. Bhakta, MD 222
Raakesh C. Bhan, MD 034
* Saroj V. Bhat, MD 222
* Sunil Bhatia, MD 218
* John G. Bielawski, MD 222
* Donald D. Bignotti, MD 126
Sai R. Bikkina, MD 110
* Gary G. Bill, MD 222
* John E. Billi, MD 218
* Thomas H. Billingslea, MD 222
* Carter R. Bishop, MD 222
* Cary M. Bjork, MD 134
Linwood W. Black, MD 222
* Robert W. Black, MD 222
Paul D. Blanchard, MD 170
* Benjamin B. Blum, MD 170
* Michael T. Bodley, MD 106
David C. Boechler, MD 090
Mark R. Boelkins, MD 106
* William R. Bogan, MD 034
* Russell P. Bolton, MD 222
* Henry G. Bone, III, MD 222
John D. Bonema, MD 174
* Marta Bonkowski, MD 062
* Marvin Bonzelaar, MD 106
* Nern Boonprasert, MD 030
Enrique M. Boquin, MD 222
Vidal D. Borromeo, MD 174
Oswald Bostic, MD 222
* Michael C. Boucree, MD 062
William G. Bouman, MD 106
* Robert M. Bouvier, Jr., MD 062
* Iqbal G. Boxwala, MD 174
Barbara J. Boyd, MD 026
Roy W. Boyer, MD 150
* Stanley Boykansky, MD 174
Neal C. Brady, MD 174
* Ralph L. Brandt, MD 218
Scott B. Brasseur, MD 018
Wayne J. Breece, MD 062
* Michael J. Brennan, MD 222
Terrence P. Brennan, MD 126
Timothy A. Brennan, MD 222
* Nancy E. Brenneman, MD 162
* Wayne L. Brenneman, MD 162
* Leslie J. Bricker, MD 222
Robert G. Bridge, MD 154
* Rafael C. Brillantes, MD 098
J. Russell Brink, MD 106
* Thomas W. Brink, MD 106
* Bruce B. Brintnall, MD 106
* William L. Bristol, MD 126
Joseph L. Britz, MD 138
Joseph L. Britz, MD 138
* John W. Broviac, MD 090
Bruce L. Brown, MD 102
Deloisteen Brown, MD 218
* Donald H. Brown, MD 174
James C. Brown, MD 222
Robert J. Brown, MD 162
* Robert W. Brown, MD 034
Ronald D. Brown, MD 126
* Thomas A. Bruce, MD 034
* Paul A. Bruer, MD 194
* Donald I. Bryan, MD 222
* Thomas B. Bryan, MD 194
* Henry Brystowski, MD 222
Filomena F. Buenaflor, MD 114
Kas L. Buitkus, MD 174
* James R. Bullen, MD 014
* Cecilia A. Buot, MD 222
* Keith H. Burch, MD 222
* David W. Burke, MD 102
* Thomas D. Burns, MD 186
* Robert B. Burrell, MD 102
* John H. Burrows, MD 222
* Martin J. Bury, MD 194
* Penny J. Butler, MD 102
L. Michelle Butler-Jackson, MD 174
Imdad H. Butt, MD 098
* James V. Buzzitta, MD 106
Suzanne K. Cachat, MD 222
* Donald J. Cady, MD 190
* Joseph L. Cahalan, MD 222
Pedro V. Caing, MD 222
* John M. Caldwell, MD 096
* John R. Caldwell, MD 222
* Kelvin Callaway, MD 062
* Doyle E. Calley, MD 094
Ricardo Calzada, MD 126
Sandra D. Cameron, MD 026
* Alan D. Campbell, MD 106
* Don E. Campbell, MD 162
Douglas G. Campbell, MD 095
John N. Campbell, MD 106
* Peter B. Campbell, MD 062
Robert E. Campbell, MD 222
* William B. Campbell, MD 102
* Louis A. Cannon, MD 190
* John P. Cantor, MD 106
* David B. Capobres, MD 222
Nancy T. Caputo, MD 222
* Michael P. Cardoni, MD 134
* William R. Carion, MD 222
* Juan C. Carioni, MD 174
* Rodney F. Carlson, MD 102
Jack H. Carman, MD 218
James C. Carney, MD 174
* Jeffery W. Carney, MD 190
Laura Carravallah, MD 062
Jerome G. Carroll, MD 222
* James W. Carter, MD 102
* John H. Carter, MD 026
Zeia Casab, MD 222
* John F. Casey, MD 222
Candelaria J. Castaneda, MD 222
Anne Cavanagh, MD 102
* David W. Cavanagh, MD 102
* William Cayce, MD 106
* John T. Cerovski, MD 102
Vijay K. Chaku, MD 190
* C. Kohler Champion, MD 174
Alexander U. Chan, MD 062
Paulino S. Chan, MD 034
* Sharath S. Chandra, MD 222
* Boonchoo Chang, MD 038
* Chul Chang, MD 214
* Satya B. Chaparala, MD 034
Janet L. Chapman, MD 174
* Eugene N. Chardoul, MD 062
Martin L. Charles, MD 222
Nathan Chase, MD 174
* R. Jack Chase, MD 106
James B. Chauncey, MD 098
* Manuel R. Chavarri, MD 014
Prayad Chayapruks, MD 134
* Frank E. Check, Jr., MD 222
Michael Chen, MD 126
Yingsan Chen, MD 222
Lorenzo Childress, Jr., MD 222
Ernest Chiodo, MD 222
Ronald S. Chipps, MD 102
* Soon A. Choi, MD 062
Elaine G. Chottiner, MD 218
* Abdul S. Choudhry, MD 222
* Daniel K. Christian, MD 102
* Wallace C. Christy, MD 218
Kenneth K. Chun, MD 174
John H. Cieszkowski, MD 174
* Barbara J. Cingel 222
* Muir Clapper, MD 222
Marcella R. Clark, MD 222
* Norman E. Clarke, Jr., MD 222
Carroll K. Clawson, MD 106
* Edward A. Clay, MD 222
* William S. Cline, MD 154
James E. Clinton, DO 126
* R. Paul Clodfelder, MD 106

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* Veldora F. Clunas, MD 174
* Thomas H. Cobb, MD 174
* Eudoro Coello, MD 222
* Celal Colak, MD 174
* Diane F. Colquhoun, MD 034
* Michelle M. Condon, MD 106
* Gina M. Conflitti, MD 222
Dion S. Consengco, MD 098
* William A. Conway, MD 222
Norton J. Cooksey, MD 070
Ralph R. Cooper, MD 222
* Thomas M. Cooper, MD 222
* Jerome F. Cordes, MD 090
Benedicto C. Cortez, MD 222
Moises G. Coto, MD 222
* Nancy Couch, MD 222
* Susan Courtnage, MD 058
Jayne E. Courts, MD 106
* Wayne M. Couwenhoven, MD 106
John S. Cowan, MD 174
* Mark D. Cowan, MD 134
* Mark E. Cowen, MD 218
Keith H. Crane, MD 106
* Steven A. Crane, MD 106
* James W. Crowl, MD 174
* Leon A. Crumley, MD 222
William P. Curtiss, MD 126
* Dominic A. Cusumano, MD 126
Garmet C. Cutler, MD 062
* Stephen P. D'Addario, MD 126
Hisham Dado, MD 126
Jay M. Daitch, MD 222
* Mary V. Daly, MD 034
Segundo C. Danao, MD 194
Jerry A. Dancik, MD 174
Shyam S. Dandamudi, MD 022
Yousef Daneshvar, MD 222
Rizwan Danish, MD 062
* Joudat M. Daoud, MD 030
Gary F. Dardas, MD 022
Terry J. Dardas, MD 022
* Alison S. Dark, MD 106
Dipak Das, MD 222
* Harshavardhan D. Dave, MD 222
* Robert C. Davidson, MD 106
Marcine C. Davies, MD 096
William N. Davis, MD 222
Philip L. Dawson, MD 034
Vehbi M. Day, MD 222
Jose P. De La Rosa, MD 226
* Arsenio V. De Leon, Jr., MD 126
Eliezer R. De Leon, MD 222
* Carol G. De Vore, MD 174
* Mark S. De Vore, MD 174
* Stephen F. De Witt, MD 222
* Patricia DeLoof, MD 222
* Matthew B. DeWys, DO 106
Daniel T. Deguzman, MD 222
C. C. Del Rosario, MD 222
Ricardo B. Dela Cruz, MD 202
Thomas A. Dell, MD 218
Robert R. Dembosky, MD 194
Willard B. Den Houter, MD 218
Avinash D. Desai, MD 174
Hemangini A. Desai, MD 174
Jayshree Desai, MD 222
Shobhana R. Desai, MD 126
Sudhir L. Desai, MD 034
Sharon P. Deskins, MD 026
* Theodore R. Deur, MD 106
Douglas A. Devens, MD 218
* Lingareddy Deviredy, MD 222
* Richard C. Dew, MD 218
* Brij M. Dewan, MD 102
Eleanor Dickinson, MD 218
Fred C. Diekman, MD 222
Peter W. Dieleman, MD 102
* Robert H. Digby, MD 090
* R. Dimitrijevic, MD 126
Nikolay V. Dimitrov, MD 090
* William J. Dinnen, MD 194
* Michael J. Dionne, MD 222
Gordhan Diora, MD 126
* J. R. Divvela, MD 222
* Willis L. Dixon, MD 106
Angel G. Dizon, MD 222
* David H. Doan, MD 102
* David J. Dobbie, MD 106
* Allan E. Dobzyniak, MD 222
* Paul G. Donohue, MD 174
Carolyn L. Donovan, MD 218
* Gursharn S. Dosanjh, MD 106
* Steven A. Dosh, MD 050
* Bhogilal C. Doshi, MD 222
Nitin C. Doshi, MD 174
Richard Douce, MD 026
* Glen H. Douglass, MD 102
* Margaret Ann Dowling, MD 222
* Michael S. Doyle, MD 222
Ronald L. Dozeman, MD 186
Gerald A. Drake, MD 170
Anibal Drelichman, MD 222
* Alan J. Drucker, MD 222
* Daniel R. Drumm, MD 106
* Richard D. Dryer, MD 222
* Janet K. Dubeck, MD 174
* Albert R. Dugan, MD 106
John F. Duge, MD 026
Patricia A. Duley, MD 150
Charles J. Dumanois, MD 226
* Howard Duncan, MD 222
* Forest M. Dunn, MD 090
* Mary B. Durfee, MD 218
* Ernesto S. Duterte, MD 062
* Katikuti E. Dutt, MD 062
* Lillman Dwarka, MD 126
Merle L. Dykema, MD 106
* Calvin J. Dykman, MD 106
* Calvin J. Dykstra, MD 106
* Daniel J. Dymek, MD 190
* John F. Dziuba, MD 222
* Charles A. Easton, MD 170
* Charles M. Ebner, MD 126
Lokeswara R. Edara, MD 034
Howard R. Eddy, MD 114
* David B. Edgar, MD 106
Jose T. Edurese, Jr., MD 098
* Melvin L. Edwards, MD 218
Arthur A. Efros, MD 174
* Michael S. Eichenhorn, MD 222
* Michael H. Eidelman, MD 222
Andrew C. Eisenberg, MD 218
* Bruce M. Eisenberg, MD 222
* L. W. Eisenberg, MD 222
Nabil A. El-Shamaa, MD 062
Idillio A. Elazegui, MD 190
Robin L. Elkus, MD 174
* Douglas M. Ellinger, MD 106
Craig W. Elliott, MD 162
* Yehia I. Elsafy, MD 194
Alice Emery, MD 106
Henri L. Enfroy, MD 222
* John W. English, MD 134
Mark E. English, MD 202
* David C. Engstrom, MD 190
Fredk W. Engstrom, MD 222
Jonathon H. Epstein, MD 102
Eldon W. Erickson, MD 222
* Reginald H. Ernst, MD 222
* Juan A. Estigarribia, MD 222
Jose L. Evangelista, MD 222
* Mark D. Faber, MD 222
* John D. Fachnie, MD 222
Joyce E. Fahrner, MD 062
* Ben R. Fajardo, MD 126
* Quincey C. Fan, MD 062
* Ben S. Farah, MD 062
* Abdelkader H. Fares, MD 222
* Cheryl C. Farmer, MD 218
* John C. Farmer, MD 162
* August F. Fath, MD 102
Noemi Faustino-Inocencio, MD 026
* Kenneth J. Fawcett, Jr., MD 106
* Michael J. Federman, MD 174
* James L. Feeney, MD 114
* Laurence H. Feenstra, MD 106
* Richard D. Feenstra, MD 106
John M. Feilla, MD 126
* F. Robert Fekety, MD 218
Barry W. Feldman, MD 174
* Edward R. Feldman, MD 158
Steven J. Feldman, MD 174
Julie J. Felt, MD 090
* Afonso C. Ferreira, MD 210
Feliciano N. Ferrer, MD 222
Alfredo G. Ferreyra, MD 174
Enrique E. Fierens, MD 106
* Orlando A. Filos, MD 062
* Richard S. Fine, MD 222
* Jerome H. Finkel, MD 126
* Jeffrey M. Finn, MD 174
S. Jane Firestone, MD 074
Kenneth A. Fisher, MD 102
Ralph L. Fitts, MD 106
* Edmond W. Fitzgerald, MD 194
* W. Rodney Flanary, MD 106
* Robert J. Fles, MD 162
Mark E. Florek, MD 174
Milagros C. Flores, MD 174
* Alfred W. Foerster, MD 206
* William J. Foley, III, MD 106
Kumudinie C. Fonseka, MD 222
Shiang-Hui Foo, MD 114
* John V. Fopeano, MD 102
* John M. Formolo, MD 222
* Richard K. Foster, MD 106
* Elliott N. Fraiberg, MD 174
Robert J. France, MD 222
* Pedro S. Franco, MD 222
Rey A. Franco, MD 095
* Armin T. Franke, MD 194
Roman Franklin, MD 174
Tosan A. Fregene, MD 222
* Reed K. Freidinger, MD 170
* John E. Freitas, MD 218
Arthur B. French, MD 218
* Donald R. Frerichs, MD 222
Ken Friar, MD 070
Gerald A. Friedman, MD 102
Herbert F. Friedman, MD 126
Emanuel Frisch, MD 222
* John G. Frohna, MD 218
* Raymond E. Fuller, MD 106
Leroy A. Futterer, MD 130
Joseph J. Gadbaw, MD 222
* David P. Gage, MD 190
* Elizabeth Gallegos, MD 190
* Adam E. Gamon, MD 190
* Orekonde Ganesh, MD 174
* Jon M. Gans, MD 106
Alberta A. Garbaccio, MD 106
Amit K. Garg, MD 126
Surendra P. Garg, MD 222
* Margarita M. Garriga, MD 222
* Richard C. Gause, MD 174
Charles F. Gehrke, MD 190
James A. Geissler, MD 106
Philip D. Gelbach, MD 222
Abraham Gellar, MD 090
* James A. Gels, MD 170
* Andrea D. Gelzer, MD 078
* Lucas Georgandellis, MD 126
* Atif M. George, MD 174
Mumtaz J. George, MD 174
* Steve G. Georgiou, MD 126
* Chandra M. Gera, MD 090
Richard M. Gerber, MD 126
Norbert P. Gerondale, MD 162
Irfan S. Gervin, MD 074
Georges B. Ghafari, MD 222
Prem C. Ghai, MD 158
* Burjor D. Ghandhi, MD 222
Harbinder S. Ghulldu, MD 190
* John G. Ghuneim, MD 218
Anwar H. Ghuznavi, MD 222
* Michael J. Giacalone, Jr., MD 062
Carl N. Gibson, MD 062
* Ronald C. Gibson, MD 030
* Paul E. Gietzen, MD 114
* Thomas A. Gignac, MD 126
* James L. Gilreath, MD 222
* Mark E. Ginther, MD 222
Sam J Giovannucci, MD 106
* Adrian T. S. Go, MD 222
Robert O. Go, MD 174
Teresita Go, MD 050
* V. Goburdhun, MD 222
* Alegro J. Godley, MD 222

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** Asterisk beside name denotes AMA membership*

IM-Internal Medicine

IM-Internal Medicine

	Nurettin B. Gokcora, MD	174
	Alan P. Goldberg, MD	062
	Howard S. Goldberg, MD	174
*	Scot F. Goldberg, MD	126
	John T. Golden, MD	222
*	Aubrey Goldman, MD	222
	Edward Gomez-Seoane, MD	062
	Silvia T. Gomez-Seoane, MD	062
*	E. Gonzales-Ruiz, MD	094
*	Seymour Gordon, MD	174
*	Stuart C. Gordon, MD	174
	Terry R. Gordon, MD	222
	George B. Goris, MD	102
	John R. Gosling, MD	114
≈	Ved V. Gossain, MD	090
	Alexander Gotz, MD	218
*	Montie R. Gould, MD	034
	Veena Govila, MD	174
*	James R. Grace, MD	162
*	William A. Gracie, MD	218
	Michael Graf, MD	102
*	David A. Graham, MD	222
*	John G. Graham, MD	222
	Richard P. Granse, MD	034
	Abraham H. Grant, MD	222
	Steven D. Grant, MD	174
*	Martha L. Gray, MD	218
*	Henry L. Green, MD	222
	J. Donald Green, MD	174
	Nelson W. Green, MD	222
	Randall W. Green, MD	106
	Jolee H. Gregory, MD	190
*	Martin P. Greydanus, MD	106
	Michael A. Grishkoff, MD	174
	J. Robert Grove, MD	106
	Francis A. Grubelich, MD	102
*	Michael E. Gruber, MD	022
	Walter J. Gruber, MD	154
*	Rao V. C. Gudipati, MD	190
*	Suhasini Gudipati, MD	190
*	Omar Guevara, MD	222
	Nicanor M. Guevarra, MD	126
*	Hernan L. Guiang, MD	162
	James A. Guigelaar, MD	022
*	Rajesh C. Gulati, MD	222
*	Sivaji Gundlapalli, MD	194
	Ashok K. Gupta, MD	090
*	Ashok K. Gupta, MD	174
*	Narsingh D. Gupta, MD	222
	Suresh C. Gupta, MD	062
*	Eric R. Gutscher, MD	062
*	Gail D. Gwizdala, MD	070
	Bradley Haas, MD	174
*	Erwin J. Haas, MD	106
	Eyassu Habte-Gabr, MD	062
*	Elias D. Haddad, MD	222
*	Inad Haddad, MD	114
*	Steven P. Hadesman, MD	222
*	Carl R. Haeger, MD	222
	Robert C. Hafford, MD	022
	Myung H. Hahn, MD	090
*	Owen G. Haig, MD	218
*	Ahmad Hakemi, MD	095
*	Anthony C. Halat, MD	174
*	Leonard J. Hallen, MD	222
*	Yale P. Halpern, MD	222
	David L. Halsey, MD	098
*	George J. Hambalgo, MD	174
	Steven J. Hamberg, MD	186
	Joel I. Hamburger, MD	174
*	Albert C. Hamburgera, MD	222
*	Carl F. Hammerstrom, MD	134
*	Arthur K. Hamp, MD	106
*	William B. Hampton, MD	042
*	Laird E. Hamstra, MD	106
	Isis A. Hanna, MD	222
*	Nemer E. Hanna, MD	174
	Raymond F. Hansen, MD	090
	Kenneth C. Hanson, MD	090
*	Ihsan U. Haq, MD	158
	Mohammed S. Haq, MD	222
	Selimul Haque, MD	110
*	Mary Beth Hardwicke, MD	222
	Geraldine M. Hardy, MD	126
*	William W. Hardy, MD	174
*	Morteza Hariri, MD	222
*	Paul S. Harkaway, MD	218
*	Manzoor A. Haroon, MD	222
*	Vincent S. Haroon, MD	022
*	William D. Harrelson, MD	102
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*	Clinton J. Harris, MD	106
*	Donald R. Harris, MD	062
*	Michael A. Harris, MD	222
	Charles F. Hartley, MD	174
*	Safiul F. Hasan, MD	174
*	Walter M. Hassig, MD	222
*	Edward A. Hatt, MD	186
*	Arun Hatwalkar, MD	218
	Lee W. Hawkins, MD	070
	George C. Hawrot, MD	222
*	Albert C. Hayes, Jr, MD	222
*	James B. Hayner, MD	118
	Daniel L. Hayward, MD	026
*	William H. Heckman, MD	222
*	Theophilus H. Heenan, MD	222
	Tadd A. Heft, DO	010
	Leslie C. Heimburger, MD	070
*	William F. Heise, II, MD	174
	Phyllis O. Helcher, MD	062
*	Frederic C. Henderson, MD	222
*	H. Richard Henderson, MD	222
	Philip E. Henderson, MD	106
*	Raymond S. Henkin, MD	222
	Lawrence R. Hennessey, MD	090
*	Valeriano D. Hereza, MD	190
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*	Michael R. Hourani, MD	090
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* Usha R. Modi, MD 062
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* John M. Ratchford, MD 162
Pramod M. Raval, MD 222
* Edith Varady Ravasz, MD 126
* K P. Ravikrishnan, MD 174
Larry F. Rawsthorne, MD 090
* Floro V. Rayos, MD 222
* M. A. Razzaque, MD 222
N. N. Reddi, MD 126
* Beeravolu R. Reddy, MD 194
Chakradhar C. Reddy, MD 126
* Gopal Reddy, MD 174
* Gunda S. Reddy, MD 110
* Madhusudhan C. Reddy, MD 194
* P. Banda Reddy, MD 222
Valluru C. Reddy, MD 022
* Benjamin Reder, MD 222
* W. Earl Redfern, MD 222
* Melvin L. Reed, MD 222
* Robert E. Reed, MD 222

Alphabetical Listing of MSMS Members by Specialty

** Asterisk beside name denotes AMA membership*

IM-Internal Medicine

Felipe H. Regualos, MD 034
Ahmed Rehan, MD 218
* Randall L. Reher, MD 222
* Rudolph E. Reichert, MD 218
* Joseph J. Reichman, MD 190
* William U. Reidt, MD 126
* Eduardo L. Reyes, MD 062
* Isabello C. Reyes, MD 174
Milagros P. Reyes, MD 222
* Pary L. Reza, MD 218
Mary S. Richardson, MD 106
* John J. Rick, MD 174
Arthur L. Riley, MD 034
George Ritter, MD 174
* Jan Rival, MD 222
* Luzviminda R. Rivera, MD 222
* Sara L. Rivette, MD 190
Sadiq H. Rizvi, MD 222
* Dudley Roberts, III, MD 222
* George A. Roberts, MD 106
John H. Roberts, MD 222
Richard T. Robinson, MD 222
* Vanessa L. Robinson, MD 222
Ruby C. Roc, MD 222
* Raymond A. Roden, MD 106
Harold Rodner, MD 174
* Juan L. Rodriguez, MD 222
* Geoffrey A. Rogers, MD 102
* Bernardo A. Rojas, MD 174
* Graciela R. Rojas, MD 222
Juan C. Rojas, MD 222
* Robert S. Rood, MD 106
John M. Roosenberg, MD 010
* Ronald D. Rop, MD 162
Arthur Rose, MD 222
* Herbert Rosenbaum, MD 222
* Robert W. Rosenbaum, MD 062
* Andrew M. Rosenblum, MD 106
* Jonathan Rosenzweig, MD 174
* Phillip L. Roslaniec, MD 106
Allan J. Ross, MD 174
* Brandon D. Ross, MD 126
Jonathan M. Ross, MD 126
Stephen C. Ross, MD 102
* Herbert W. Rossin, MD 174
* Sarah L. Rosso, MD 222
* Walter S. Rothwell, MD 222
* Coleman J. Rottenberg, MD 222
* Michael Rottman, MD 126
Owen W. Rottschafeer, MD 106
David R. Rovner, MD 090
* Robin A. Royster, MD 106
Victor V. Rozas, MD 074
Bruce E. Ruben, MD 174
Steven B. Rubin, MD 174
* Cheryl A. Ruble, MD 222
* Milton J. Rueger, MD 222
Richard E. Ruel, MD 222
Loren Lee Russcher, MD 102
J. Griswold Ruth, MD 026
* Wilmer M. Rutt, MD 222
James M. Ryan, MD 222
* Ruth A. Rydstedt, MD 126
Lutfi M. Sa'Di, MD 022
* Harvey P. Sabbota, DO 222
* Subhash M. Sabharwal, MD 222
* Jagdish K. Sachdeva, MD 222
* Elie Y. Sadik, MD 210
Joseph T. Sadzikowski, MD 222
* Mark R. Sadzikowski, MD 126
* Saed J. Sahouri, MD 062
* James H. Saker, MD 090
* Isam N. Salah, MD 174
Donald J. Salberg, MD 218
Nanda G. Salem, MD 174
* Mitchell Salhaney, MD 222
* Marcelle R. Salib, MD 222
* Rabbi Salimi, MD 062
Bashar Samman, MD 194
* James E. Samuelson, MD 106
Chris D. Samy, MD 222
Emily L. San Diego, MD 106
Ronald M. Sanda, MD 218
* Hershel T. Sandberg, MD 222
Jack F. Sanders, MD 074
James M. Sanderson, MD 226
* Gregory A. Sandman, MD 106
Siva V. Sankaran, MD 062
Richard J. Santen, MD 222
* Nazar N. Sarafa, MD 222
* Donato F. Sarapo, MD 114
* Louis D. Saravolatz, MD 222
* A. R. Satyanathan, MD 174
* Rakesh N. Saxena, MD 074
Thomas W. Schacht, MD 134
Robert L. Schaefer, MD 222
Ivan C. Schatten, MD 222
* Mark D. Schauer, MD 102
Donald C. Schek, MD 106
Roxie Ann Schell, MD 190
* Eric J. Scher, MD 222
* R. H. Schiappacasse, MD 126
* Robert G. Schirmer, MD 018
* Jonna L. Schmidt, MD 114
Klaus P. Schmidt, MD 222
John R. Schmitt, MD 174
Raymond E. Schmoke, MD 130
Curt P. Schneider, MD 222
Martin I. Schock, MD 174
* John E. Schoell, MD 102
Jean C. Scholl, MD 218
* Byron W. Schoolfield, MD 062
* Michelle Z. Schreiber, MD 222
* Paul E. Schroeder, MD 062
S. L. Schuchter, MD 222
* Duane W. Schuil, MD 170
* Richard F. Schultz, MD 190
Randolph E. Schumacher, MD 062
* James C. Schwartz, Jr., MD 222
Helen J. Scoblic, MD 086
* William L. Scott, MD 106
* David R. Scrase, MD 218
* Karen L. Seaver, MD 162
* Barbara M. Segal, MD 222
Martin J. Seldon, MD 222
Yongyuth Senlamai, MD 222
Jeffrey J. Serdahely, DO 186
* Robert C. Seski, MD 222
Amarjeet S. Sethi, MD 174
Maria E. Sexon-Porte, MD 222
Leland D. Shaeffer, MD 098
* Harold C. Shafer, MD 022
* Jerold W. Shagrin, MD 174
* Ashwin H. Shah, MD 222
* Jagdish K. Shah, MD 062
* Kirit R. Shah, MD 222
* Piyush Shah, MD 222
Ila A. Shah-Reddy, MD 222
* Abdul K. Shamsuddin, MD 222
* R. Shantha, MD 222
* Howard S. Shapiro, MD 174
* Jack Shapiro, MD 222
* Tarun Sharma, MD 222
Vishnu K. Sharma, MD 110
* Richard J. Sharon, MD 126
* William C. Sharp, MD 222
S. R. Shastri, MD 026
John A. Sheets, MD 170
* Sattar A. Sheikh, MD 190
* Dennis N. Shelle, MD 114
* John C. Shelton, MD 218
* Ara A. Sheperdigian, MD 096
* Adrian S. Sheremeta, MD 222
* Narinder K. Sherma, MD 222
Carolyn E. Shettler, MD 222
Muaiad Shihadeh, MD 218
James M. Shirilla, MD 170
* Dhana D. Shrestha, MD 022
* Herschel A. Shulman, MD 222
Garth Shultz, MD 102
John C. Siano, Jr, MD 090
Ruben E. Siasoco, MD 190
* Athar Siddiqui, MD 218
* Barbara J. Siepierski, MD 222
John W. Sigler, MD 222
* Enrique E. Signori, MD 222
* Irene M. Signori, MD 222
* Oscar R. Signori, MD 222
* Donald E. Sikkema, MD 186
* Anil K. Sil, MD 222
* Joel Silberg, MD 222
* Jack A. Sill, MD 222
* Michael A. Sills, MD 174
* Richard D. Sills, MD 174
John Silvani, MD 174
* Thomas L. Simmer, MD 222
* Paul B. Simmons, MD 106
* John R. Simpson, MD 174
Michael J. Simpson, MD 174
Arun K. Singal, MD 222
* Sudarshan K. Singal, MD 222
Usha Singal, MD 222
* P. Singaracharlu, MD 126
Harpal Singh, MD 190
* T. Trevor Singh, MD 062
* Amnuay Singhakowinta, MD 174
* Mark A. Sinkoff, MD 174
Sirimas Sirisuth, MD 026
Dhupati Sitaram, MD 222
* John F. Skallerup, MD 162
* Mark J. Skalski, MD 218
* Charles G. Skardarasy, MD 222
* Kathleen M. Skelcy, DO 190
Joseph A. Skoney, MD 174
Charles R. Slone, MD 222
* Stephen L. Smiley, MD 034
* Andrew J. Smith, MD 222
Benjamin D. Smith, DO 034
* Donald S. Smith, MD 174
Douglas H. Smith, MD 222
Mark S. Smith, MD 070
Robert B. Smith, MD 106
* Susan J. Smith, MD 062
* Lowell Smotkin, MD 096
Edward J. Snell, MD 106
* Thomas H. Snider, MD 158
* Michael B. Snyder, MD 222
* Enrico C. Sobong, MD 106
Ralph B. Soderberg, MD 222
* Chaman L. Sohal, MD 222
Raymond A. Sokolav, MD 222
Robert J. Solomon, MD 222
William Solomon, MD 174
Douglas R. Soltysiak, MD 050
* Michael E. Somand, MD 222
* John C. Somogyi, MD 222
Rodolfo S. Son, MD 222
Omer K. Sonbay, MD 222
Freddy R. Sosa, MD 174
* Carlos E. Sotomayor, MD 062
* Ramon Souffront, MD 174
Robert D. Sparks, MD 034
* Lisa B. Speck, MD 174
* Mark T. Spoolstra, MD 106
* F. Remington Sprague, MD 162
John R. Spriegel, MD 026
Bruce C. Springer, MD 106
* Gerald A. Stair, MD 218
* Louis W. Staudt, MD 222
* Allen N. Stawis, MD 126
Frank M. Steele, MD 102
Joseph C. Steffey, MD 070
Paul D. Stein, MD 222
* Albert L. Steinbach, MD 222
* Eugene Steinberger, MD 126
Winton E. Stephan, MD 090
Michael A. Stevens, MD 174
Raymond Stevens, Jr., MD 174
* Todd C. Stevens, MD 106
* Lewis L. Stewart, MD 098
* Henry B. Stibitz, MD 014
* Donald J. Stinar, MD 034
* Gerald S. Stipanuk, MD 098
* Richard Stober, MD 174
* Sheldon S. Stoffer, MD 174
* Robert L. Stoler, MD 218
Robert M. Stow, MD 090
Charles G. Stoyka, MD 222
* David J. Straight, MD 070
* Stanley R. Strasius, MD 218
* Christopher H. Strayhorn, MD 026
Jeoffrey K. Stross, MD 218
* Amadeo R. Sturla, MD 222
* Cesar A. Sturla, MD 222
Yau-Liang Su, MD 174
* Doris A. Suciu, MD 062
* Parul S. Sud, MD 062
* Marcus H. Sugarman, MD 222

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** Asterisk beside name denotes AMA membership*

IM-Internal Medicine

* Jung K. Suhr, MD 190
Andrew J. Sulich, MD 222
Nabil Sultani, MD 194
Denwit Sumetanon, MD 222
Edwin C. Sundell, MD 090
* James C. Sunstrum, MD 222
* Komol Surakomol, MD 222
Bernard J. Sweeney, MD 070
* James J. Swetech, MD 222
Scott N. Swisher, MD 090
Baqir Syed, MD 174
Mahmud U. Syed, MD 174
Arthur M. Szyniszewski, MD 218
James D. Taborn, MD 102
Joseph R. Tai, MD 098
Syed S. Taj, MD 222
* Mones Takriti, MD 174
* Walter J. Talamonti, MD 222
Robert W. Talley, MD 222
* Usha R. Tampi, MD 158
* Thian Lai Tan, MD 174
Penput Tangsintanapas, MD 190
Dalmacio L. Tanhehco, MD 222
* Efstathios Tapazoglou, MD 222
Dick A. Tarpinian, MD 174
Philip W. Tate, MD 106
Jimmy D. Taylor, MD 198
Michael G. Taylor, MD 222
Nelson M. Taylor, MD 222
Sivareddy Tegulapalle, MD 034
Reza M. Tehrani, MD 034
Howard R. Terebelo, DO 222
Margaret S. Terpenning, MD 218
* B. M. Thangamani, MD 094
* Krishna Thavarajah, MD 222
Hemant T. Thawani, MD 062
Kriangsak Thepveera, MD 190
* Richard P. Thiede, MD 090
Anil K. Thomas, MD 126
Gerald B. Thomas, MD 190
* Charles A. Thompson, MD 062
Russell C. Thompson, MD 090
Karen N. Thompson-Cardwell, MD 222
* V. S. Thyagarajan, MD 098
* Angela R. Tiberio, MD 106
Eugene J. Tilchen, MD 194
* Gerald C. Timmis, MD 174
* Timothy J. Tinetti, MD 174
Garson H. Tishkoff, MD 090
Charles G. Todoroff, MD 150
Theodore G. Todoroff, MD 222
* Sanford F. Tolchin, MD 102
Raad J. Toma, MD 174
Richard L. Tomacari, DO 134
* Ronald C. Tomas, MD 194
* Jack H. Townsend, MD 106
* Raymond L. Tremblay, MD 174
* John H. Triebwasser, MD 222
* Steven Triesenberg, MD 106
Geoffrey A. Trivax, MD 174
* Dianne K. Trudell, MD 062
Clarence K. Tsai, MD 218
Kenneth F. Tucker, MD 126
* William G. Tucker, MD 110
Mary B. Tupper, MD 222
* Robert L. Tupper, MD 106
Aijaz H. Turk, MD 102
Geoffrey K. Turner, MD 070
Rachel E. Turner, MD 222
Bao-Min Twu, MD 162
James E. Umphrey, MD 074
* Catherine A. Upton, MD 174
Robert C. Urbanic, MD 218
* David M. Urbanski, MD 222
* Ilija Urosev, MD 222
* R. V. Utarnachitt, MD 126
Gita N. Vaidya, MD 050
Bharat M. Vakharia, MD 198
Pankaj N. Vakharia, MD 062
Jose M. Valle, MD 034
* Peter S. Van De Mark, MD 142
* Susan J. Van Dellen, DO 222
* Richard A. Van Dyken, MD 106
Russell N. Van Houzen, MD 070
* Carl E. Van Krimpen, MD 186
* Gordon F. Van Otteren, MD 106
* Frederik S. Van Reesema, MD 218
Ellis J. Van Slyck, MD 222
* A. Robert Van Tuinen, MD 106
Lynn C. Van Wagnen, MD 098
Gerald E. Van Wieren, MD 166
* R. J. Vanden Berg, MD 186
Ronald D. Vanden Brink, MD 170
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* Joan K. Vangel, MD 174
Joseph K. Varghese, MD 062
* Clarence B. Vaughn, MD 174
Mark Veenendaal, MD 090
* James B. Veldkamp, MD 106
* David F. Vella, MD 174
* Radhakrishna Vemuri, MD 102
Robert J. Veneri, MD 222
Shweta R. Venkat, MD 222
* Rudy J. Vervaeke, MD 222
K. Vibhasiri, MD 222
Lyle D. Victor, MD 222
* Narayanan Vikraman, MD 222
* Narcisa K. Villamin, MD 222
Alberto Vincenti, MD 222
* Donald W. Visscher, MD 222
* Talanki S. Viswanath, MD 222
Andrew J. Vosburgh, MD 174
I. J. Voudoukis, MD 222
Pieter D. Vreede, MD 218
James J. Vyskocil, MD 062
Peter J. Wagner, MD 162
* Richard H. Wakulat, MD 170
Robert O. Walker, MD 222
* Andrew J. Waller, MD 218
John W. Walsh, MD 218
* James Walter, MD 062
Bernice K. Warren, MD 222
Donna J. Washington, MD 222
* Harold W. Wasserman, MD 222
* Charles M. Watts, MD 218
Stephen J. Watts, MD 222
John H. Way, MD 022
* James D. Webb, MD 166
* Milton R. Weed, MD 222
* Vernon L. Weeks, MD 158
John H. Weidner, MD 222
Philip J. Weighner, MD 106
* William E. Weiner, MD 202
* Burton H. Weintraub, MD 222
* Irving R. Weiss, MD 102
Joseph J. Weiss, MD 222
* Myra J. Weiss, MD 174
* Abraham Weizenberg, MD 190
* Andrew M. Welch, MD 106
Keith E. Weller, MD 106
* Herschel J. Wells, MD 070
Francis P. Welsh, MD 134
* Vernon E. Wendt, MD 106
* Gerald F. Wery, MD 174
* Daniel L. West, MD 162
* Edwin J. Westfall, MD 174
* Richard A. Wetzel, MD 174
Craig A. Wheeler, MD 090
* Daniel B. White, MD 174
Lourdes A. White-Arriola, MD 222
Fred W. Whitehouse, MD 222
Timothy Whiteus, MD 222
* John T. Whitney, MD 026
* Leo R. Wickert, MD 096
Steven P. Widlansky, MD 222
Morton J. Wiener, MD 174
* James L. Wierman, DO 038
Dale A. Wiersma, MD 186
Shirani Wijay, MD 102
* Cynthia A. Wilberding, MD 110
* Christopher D. Wilhelm, MD 174
Todd S. Wilkinson, MD 174
* Alicia Williams, DO 102
* Eugene R. Williams, MD 222
Eugene Willoughby, MD 098
* Charles J. Wilmanski, MD 034
* Francis M. Wilson, MD 222
Helen H. Winkler, MD 126
Vincent Winkler-Prins, MD 174
Steven C. Winokur, MD 174
* David M. Winston, MD 218
Stuart A. Winston, DO 218
Theodore A. Wizenberg, MD 222
Adam J. Wlodarczyk, MD 222
* David H. W. Wohns, MD 106
* Douglas R. Woll, MD 174
Arnold Wollum, MD 054
* Joseph M. Wolschleger, MD 142
* Pluto K. Wong, MD 174
* John M. Wood, MD 096
Mary C. Wood, MD 222
* Harris L. Woodburne, MD 022
* Richard A. Woodbury, MD 070
Gary J. Wortz, MD 034
Terry L. Wortz, MD 034
* Kenneth C. Wright, MD 134
* Charles C. Wu, MD 086
* Douglas J. Wunderly, MD 102
* Richard E. Wunsch, MD 070
* Jan Wybranowski, MD 222
Nasim A. Yacob, MD 186
Subramanyam Yadam, MD 154
* Samir R. Yahia, MD 222
Sarat P. Yalamanchili, MD 062
* Rodolfo S. Yapchai, MD 222
* Steven A. Yarows, MD 218
* Judith M. Yates, MD 070
Henry Yee, MD 222
* Kim Hont A. Yee, MD 190
Mehmet Z. Yilmaz, MD 034
* David J. Young, MD 222
David J. Young, MD 186
* Irving I. Young, MD 222
* Mark J. Young, MD 222
* Mohammad J. Yousuf, MD 222
Joe H. Yun, MD 174
Tsung-Kao Yun, MD 170
* Johnson Zacharias, MD 194
* John O. Zachman, MD 070
* Mark N. Zacks, MD 126
* Zigfrids Zadvinskis, MD 106
Gamal S. Zaki, MD 126
* Nabil S. Zaki, MD 062
* Jeffrey M. Zaks, MD 174
* Ratna K. Zampani, MD 222
S. Kanani Zanjani, MD 174
* Roberta G. Zapp, MD 090
* Chris J. Zarafonetis, MD 218
* Ronald J. Zegerius, MD 102
Bertram Zheutlin, MD 034
* Gina B. Zilincik, MD 174
Namir D. Zukkoor, MD 174

IMG-Geriatric Medicine (Internal Medicine)

Iris F. Boettcher, MD 106
* Emma J. Conklin, MD 222
Steven M. Stein, MD 222

LM-Legal Medicine

* Carole S. Montgomery, MD 106

MFM-Maternal and Fetal Medicine

* Mark P. Johnson, MD 222
* Randall T. Kelly, MD 222
* Robert P. Lorenz, MD 174
* David M. Moses, MD 222
* Gregory O. Utter, MD 222

N-Neurology

Faith Abbott, DO 222
Glen N. Ackerman, MD 090
M. Mazen Al-Hakim, MD 174
Anastasios Alexiou, MD 218

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Sylvia Anagnos, MD 218
* Lourdes V. Andaya, MD 222
* Elizabeth Angus, MD 222
* Manaf S. Arabi, MD 126
* Gavin I. Awerbuch, MD 022
Jaime Ballesteros, MD 062
* Gregory L. Barkley, MD 222
Devinder K. Bhrany, MD 062
Aida Bodour, MD 098
* Wilbur J. Boike, MD 062
Sidney M. Broder, MD 062
* John M. Buday, MD 022
* John F. Butzer, MD 106
* B. Douglas Campbell, MD 034
* Henry Cevallos, MD 162
Joseph H. Chandler, MD 174
Prasad V. Chappidi, MD 222
* Allan G. Clague, MD 218
Abelardo G. Contreras, MD 174
* Janelle L. Cooper, MD 050
* Diane S. Cornellier, MD 070
* Paul A. Cullis, MD 126
* Rajesh D. Dagli, MD 102
* James D. Darnley, MD 174
Jose U. De Sousa, MD 222
Gurmail S. Dhaliwal, MD 090
Irene M. Diaczok, MD 222
Shirley Dixon, MD 222
* Thomas C. Dunne, MD 102
* Lawrence Eilender, MD 222
* Stanton B. Elias, MD 222
* Mitchell Elkiss, DO 174
Raina M. Ernstoff, MD 174
* David G. Flagler, MD 102
* Lawrence T. Foody, MD 106
* Martha A. Frankowski, MD 126
Daniel P. Freeman, MD 098
* Faith D. Fuentes, MD 154
* Bhadrabala B. Ganatra, MD 062
* David L. Gaston, MD 222
* Thomas Giancarlo, DO 222
* Lionel Glass, MD 174
Salvador Gonzalez, MD 222
* Jay M. Gorell, MD 222
James R. Gramprie, MD 218
* Phillip M. Green, MD 102
* Pratap C. Gupta, MD 134
* Gary G. Gurden, MD 162
Anne M. Guyot, MD 222
Reginald W. Harnett, MD 222
* Neill S. Hirst, MD 218
* Desiderio F. Ines, MD 106
* Dennis A. Jewett, MD 102
* Jeffrey M. Jones, MD 034
* Francis P. Judge, MD 218
* Asela P. Jumao-as, MD 030
* Bong Jung, MD 190
Mark A. Kachadurian, DO 174
* Azzam S. Kanaan, MD 102
* Jay J. Kaner, DO 126
* Kenneth H. Kapphahn, MD 222
Igor G. Kaps, MD 102
* John D. Karakitsos, MD 090
Surendra Kaul, MD 154
Demetrios L. Kikas, MD 222
* Bruce H. Kole, MD 174
* H. F. Labsan, MD 190
* Ivan R. Landan, MD 162
* Wendy L. Larson, MD 218
* William M. Leuchter, MD 222
* Steven R. Levine, MD 222
Robert J. Levy, MD 218
Janice A. Lindstrom, MD 134
* Bassam Maaz, MD 222
M. Zafar Mahmud, MD 222
* Girish C. Mangalick, MD 222
Andrew L. Marcus, MD 222
* Lee Marmion, MD 106
David D. Mc Carthy, MD 102
Jasper E. Mc Laurin, MD 222
* Edmund J. Messina, MD 206
* Russell E. Mohney, MD 102
Kenneth L. Moore, MD 218
* Debra J. Morley, MD 134
Sami Mounayer, MD 174
* Evelyn P. Navarro, MD 106
Leslie A. Neuman, MD 106
* Steven E. Newman, MD 174
* William C. Noshay, MD 222
* D. V. Pasupuleti, MD 062
* Narendra R. Patel, MD 090
Carlos M. Perez-Borja, MD 126
Debra L. Peven, DO 222
* Ilydio Polachini, MD 102
Prasad N. Policherla, MD 222
Andre V. Pugel, MD 222
* Nabih M. Ramadan, MD 222
* Foster K. Redding, MD 222
Hanna M. Reincke, MD 218
* Gerald T. Riess, MD 218
* Choon S. Rim, MD 222
Ernst A. Rodin, MD 222
* Lilya Rudoi, MD 126
* Kamal Sadjadpour, MD 154
* Mostafa S. Sadry, MD 194
* Dayton D. Salon, MD 070
* Matthew C. Salon, MD 070
* Visuvasam N. Samuel, MD 194
Joel R. Saper, MD 218
* David A. Schaffert, MD 154
* Steven H. Schechter, MD 174
* Thomas N. Schriefer, MD 106
* Robert C. Schwyn, MD 222
John D. Segall, MD 218
* Sheila Sheehan, MD 222
* Jeffrey C. Shepard, MD 170
* Steven A. Sherman, MD 114
Muhammad Y. Siddiq, MD 222
* Bruce M. Silverman, DO 174
Mark B. Silverman, DO 174
* Denise A. Sinke, MD 170
Peter B. Spencer, MD 026
* Yi C. Sul, MD 222
* Saleem A. Tahir, MD 222
* Akemi Takekoshi, MD 126
* Richard A. Taylor, MD 222
* Timothy K. Thoits, MD 106
* W. Mark Todd, MD 102
* Bharat M. Tolia, MD 174
* V. K. Vaitkevicius, MD 222
David H. Van Dyke, MD 106
* Cornelius Van Nuis, MD 106
* Steven J. Vandoornik, MD 186
* Darryl J. Varda, MD 106
* Virgilio F. Vasquez, MD 162
Nicholas N. Velarde, MD 062
* Frederick M. Vincent, MD 090
* John R. Visser, MD 106
Arthur S. Walters, MD 222
* Robert C. Ward, III, DO 026
Norman Wechsler, MD 174
* Kenneth M. Welch, MD 222
* Joseph L. Whelan, MD 170
D. Eugene Wiley, MD 106
Mohammed J. Zafar, MD 102

NEP-Nephrology

* Manohar L. Atri, MD 190
* Jeffrey F. Block, MD 102
* Daniel W. Brash, MD 026
* Gregory S. Brown, MD 190
Sanjay P. Dalal, MD 102
* Greg H. Downer, MD 162
* Juan A. Ganum, MD 222
* Robert E. Hillyer, MD 222
* Jon M. Himes, MD 134
* Martin F. Jones, MD 090
Tai H. Kim, MD 222
* John M. Kosanovich, MD 190
* Barry W. Kram, DO 162
* C. Vijay Kumar, MD 222
* Niranjan Lal, MD 102
Usman Master, MD 174
Stephen D. Migdal, MD 222
James F. Murphy, MD 218
Hi Sung Park, MD 102
* Nison Sabin, MD 174
* Inderjit Singh, MD 218
* Elisea N. Singson, MD 062

NS-Neurological Surgery

Paul G. Smith, MD 218
Stanley J. Szwalek, Jr., MD 070
Aris Q. Urbanes, MD 174
* William F. Weitzel, III, MD 218

NM-Nuclear Medicine

* Martin R. Blum, MD 222
* Howard J. Dworkin, MD 174
* V. Jayabalan, MD 062
Michael M. Joh, MD 222
William E. Kincaid, MD 106
* James M. Kuhlman, MD 222
* Conrad E. Nagle, MD 174
Mohammad Rabbani, MD 118
* Robert L. Ruskin, MD 174
Henry A. Shevitz, MD 174

NPM-Neonatal-Perinatal Medicine

* Danish A. Alamy, MD 062
* Alice F. Andrews, MD 106
Edgar J. Beaumont, MD 106
* Raymond K. Chan, MD 062
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* Gerald D. Purdy, MD 102
Leonard L. Radecki, MD 106
Dietrich W. Roloff, MD 218
* Joan K. Sharda, MD 102
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* Roberto Villegas, Jr., MD 062

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* Karen L. Niver, MD 194

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* Neal M. Krasnick, MD 222
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*	Wilfred B. Staufer, MD	102
	Charles A. Steepe, MD	222
*	Malcolm D. Steider, MD	030
*	Harvey S. Stein, MD	222
	Carol L. Steltenkamp, MD	174
	Kathleen H. Stewart, MD	174
*	Ethon L. Stone, MD	098
*	Ruth H. Strang, MD	218
	Samuel S. Stubbs, MD	102
	Elizabeth A. Stumbo, MD	218
	Paul J. Sullivan, MD	222
*	Bilugali M. Sundara, MD	022
*	David B. Sutton, MD	162
	Richard A. Switzer, MD	106
*	Dionisia A. Sy, MD	222
	Mohammed Syed, MD	062
*	Mary Sue Sylwestrzak, MD	174
*	Mohammad J. Tabbah, MD	062
	Meena Tahilramani, MD	190
*	Kathryn W. Talbot, MD	174
	Sarveswararao Talla, MD	222
*	Violeta G. Tanafranca, MD	126
	C. Y. Tanhehco, MD	222
	Pacita L. Tanhehco, MD	062
	Natalia M. Tanner, MD	222
*	John W. Tauscher, MD	062
*	Joseph L. Taylor, MD	106
	Donald H. Ter Keurst, MD	106
*	Donald W. Thaden, MD	090
	Philomina C. Thomas, MD	222
	Arthur L. Thompson, MD	222
	David C. Thorrez, MD	218
	Roderic E. Tinney, MD	170
	Michael H. Treblin, MD	174
*	Robert H. Trimby, MD	090
	Gary L. Trock, MD	174
*	John S. Troiani, MD	134
	Donald J. Trumpour, MD	174
	Ernesto C. Tuazon, MD	222
*	Mark H. Tucker, MD	106
	Glinda P. Tugade-Noceda, MD	222
*	Thelma T. Tumacder, MD	222
	Jawahar L. Tummala, MD	062
*	Arthur L. Tuuri, MD	062
*	Mary Ellen Ulmer, MD	218
*	Vernon D. Vaandrager, MD	106
	Patricia V. Valia, MD	190
	Fred W. Van Dahm, MD	106
*	Jeffrey T. Van Gelderen, MD	022
	Jerry E. Van Kuiken, MD	186
*	Richard M. Van Schoick, MD	098
*	Timothy S. Van Schoick, MD	098
*	Robert L. Van Sickle, MD	154
*	Ada E. Van Vloten, MD	090
	Kamala Vanaharam, MD	126
	Lorri P. Vander Roest, MD	218
*	Kenneth L. Vaughn, MD	222
	David J. Veeneman, MD	186
*	Jerold P. Veldman, MD	090
*	Jay H. Veltman, MD	106
	William J. Venema, MD	102
	Erik S. Vetne, MD	034
*	Ethel L. Villanueva, MD	126
	Edward H. Wagenaar, MD	162
*	Douglas L. Wake, MD	174
	Susan H. Wakefield, MD	106
	Creed F. Ward, Jr., MD	222
*	Duane L. Waters, MD	204
	William L. Waters, MD	170
*	Jerome E. Webber, MD	106
*	William B. Weil, Jr., MD	090
	Neal R. Weinberg, MD	218
	Howard B. Weinblatt, MD	218
*	Allan D. Weiner, MD	222
	Lee M. Weinstein, MD	174
	Georgia J. Westermeyer, MD	190
*	Mary H. Westhoff, MD	218
	Sandra D. Wiederhold, MD	102
	John L. Wiese, MD	106
*	Joseph W. Wiley, MD	090
*	Daniel J. Wilhelm, MD	194
	H. Stephen Williams, MD	062
	Ian D. Wilson, MD	170
	John R. Wilson, MD	106
*	Charles S. Winslow, MD	106
*	Charles B. Wolf, MD	174
	Joyce G. Wolf, MD	174
	Melisande G. Womack, MD	222
*	Sophie J. Womack, MD	222
*	Richard E. Wood, MD	106
	Calier H. Worrell, MD	222
	Charles K. Wortley, MD	090
*	Thomas B. Wright, MD	022
*	Petronio C. Yadao, MD	222
	V. K. Yeddanapudi, MD	222
*	Charles E. Yee, MD	174
*	Homing M. Yian, MD	090
*	Jin Woo Yoo, MD	222
	Mary J. Young, MD	218
*	Mary Zakelj, MD	222
	Sabah E. Zara, MD	222
*	Paul M. Zavell, MD	222

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** Asterisk beside name denotes AMA membership*

PD-Pediatrics

* Petras Zemaitis, MD	222
Robert A. Zink, MD	126
* John J. Zmiejko, MD	194
Margaret Z. Zolliker, MD	126
George Y. Zureikat, MD	062

PDA-Pediatric Allergy

* James C. Bommarito, MD	222
* Cory E. Cookingham, Sr, MD	062
* Shawky A. Hassan, MD	062
* Thad H. Joos, MD	222
* Mohammed J. Khan, MD	126
* Asuncion Q. Luz, MD	114
* Joseph R. Montante, MD	222
Marva J. Morris, MD	222
* Robert A. Scherer, MD	222
* David H. Seaman, MD	218
Chai-Yakarn Soontharotoke, MD	190
* Bernard L. Tott, MD	126
Rudolf E. Wilhelm, MD	222

PDC-Pediatric Cardiology

Michael S. Florentine, MD	106
Edward W. Green, MD	222
* Albert W. Sparrow, MD	090
Nestor Truccone, MD	174

PDR-Pediatric Radiology

* Christie J. Becker, MD	222
* Victor Maldonado, MD	174
* Anne F. Oostendorp, MD	106
* Thomas L. Slovis, MD	222

PDS-Pediatric Surgery

* Susan H. Adelman, MD	222
* Robert H. Connors, MD	106
* Arnold G. Coran, MD	218
Bassam M. Dahman, MD	102
* Gerben Dykstra, MD	106
Peter Gibson, MD	222
Jack H. Hertzler, MD	222
* Dale V. Hoekstra, MD	174
James R. Lloyd, MD	222
Robert S. Morden, MD	174
Arvin I. Philippart, MD	222
* Marc G. Schlatter, MD	106

PH-Public Health

* Charles P. Anderson, MD	222
Mac J. Armstrong, MD	222
John B. Atwater, MD	218
C. Dale Barrett, MD	030
* Byron P. Brown, MD	058
Leland C. Brown, MD	126
J. Maxwell Cook, MD	090
Goldie Corneliuson, MD	090
Mary L. Cretens, MD	050
Leon De Vel, MD	106
Dorothy M. Goerner, MD	174
Evelyn V. Golden, MD	062
* Otto H. Hahne, MD	126
Albert E. Heustis, MD	090
Genevieve G. Howen, MD	090
Randall M. Johnson, MD	134
* Lucille K. Kuchera, MD	034
* Edwin R. Larkin, MD	058
Donald W. Lawrenchuk, MD	222
* David J. Lieberman, MD	158
* Kevin Lokar, MD	126
* Douglas A. Mack, MD	106
Harold J. Magnuson, MD	218
* David R. McNutt, MD	218
Walter A. Meier, MD	158
* Kalyani Misra, MD	062
William W. Moon, MD	142
* Richard F. Nowak, DO	154
* Winifred A. Oyen, MD	154
* Maurice S. Reizen, MD	090
* Robert G. Rice, MD	090
Kenneth E. Rowe, MD	082
* Robert E. Rowe, MD	194
Charles P. Schade, MD	150
David A. Share, MD	218
Dean G. Sienko, MD	090
E. D. Silvernale, MD	026
* Donald C. Smith, MD	218
Russell F. Smith, MD	218
James F. Speers, MD	038
* Walter F. Strempek, MD	090
* Myron E. Wegman, MD	218
* Kenneth R. Wilcox, Jr., MD	090

PHO-Pediatric Hematology-Oncology

Susumu Inoue, MD	062
* Ratnaker Kini, MD	222
* Charles A. Main, MD	174

PM-Physical Medicine and Rehabilitation

* Michael T. Andary, MD	090
Steven M. Arbit, MD	222
Ed Y. Atty, MD	062
Eric N. Backos, MD	126
* Richard D. Ball, MD	070
* David B. Barker, MD	222
Jack Belen, MD	222
* Todd T. Best, MD	174
* Frank S. Blumenthal, MD	222
Leonard S. Boggs	174
* Winifred D. Bragg, MD	218
* Mark J. Brennan, MD	174
Alvin M. Brown, MD	222
* Benjamin J. Bruinsma, MD	106
* Maynard C. Buszek, MD	126
Pastor R. Causin, Jr, MD	062
* George D. Cavender, MD	162
George M. Chamberlin, MD	034
Christopher Y. Chang, MD	174
* Nicholas Cherup, MD	174
* Brian Chodoroff, MD	218
* Gary Chodoroff, MD	222
* Lewis Cohen, MD	174
Francis X. Colligan, MD	218
* J. Michael Coyne, MD	134
* Charles J. Danek, MD	070
David K. Davis, MD	126
* Annette G. De Santis, MD	126
* William C. Decker, DO	114
* David M. Dunn, MD	062
* Elizabeth W. Edmond, MD	222
* Carl F. Eiben, MD	134
* Maury R. Ellenberg, MD	222
* Adel A. Elmagrabi, MD	222
* Anthony F. Femminineo, MD	126
* Joseph P. Femminineo, MD	126
* David Friedman, MD	222
Neil A. Friedman, MD	062
* Bruce M. Gans, MD	222
* Steven R. Geiringer, MD	222
* Dennis S. Giannini, MD	222
Jeanette J. Gluszewski, MD	222
* Joseph G. Gough, MD	174
Jack R. Grommons, MD	062
* Nathan L. Gross, MD	174
* Steven N. Gross, DO	218
* Veena O. Gupta, MD	174
* Teresa L. Gurin, MD	174
Flora M. Hammond, MD	222
* Lawrence H. Handelsman, MD	218
* Steven C. Harwood, MD	218
* Steven R. Hinderer, MD	222
* Sampson W. Ho, MD	106
* Joseph C. Honet, MD	222
* Chester R. Hoyt, MD	106
* Harry O. Ingberg, MD	222
* Syed N. Iqbal, MD	222
* M. David Jackson, MD	222
* Michael S. Jakubowski, MD	106
* Gary E. Jett, MD	222
* Jay H. Jones, MD	070
* Robert L. Joynt, MD	062
* Andrea C. Jungwirth, MD	218
Jose Mari G. Jurado, MD	190
* Genowefa Z. Jurek, MD	222
* Zdzislaw Jurek, MD	222
* Hi J. Kim, MD	222
* Luke Y. Kim, MD	218
* Wook Kim, MD	174
George H. Koepke, MD	190
Richard Kovan, MD	062
Jeffrey H. Kramer, MD	222
* Robert K. Kreitsch, MD	106
* Myron M. La Ban, MD	174
* John Le Claire, MD	162
* Dong W. Lee, MD	222
* Jai D. Liem, MD	222
* Sung J. Lim, MD	222
Jacquelyn G. Lockhart, MD	174
* James R. Mac Kenzie, MD	070
* Judy A. Macy, MD	158
* John T. Maltese, MD	174
* Nancy R. Mann, MD	222
* Matthew L. Mc Gee, MD	222
* Joseph R. Meerschaert, MD	174
* Barry Miller, MD	218
Samuel B. Milton, III, MD	222
* M. Melissa Moon, DO	090
Carla E. Morton, MD	222
* Max K. Newman, MD	174
* Victor J. Nyboer, MD	222
Paul G. Olejniczak, MD	218
Stanley Olejniczak, MD	222
* Randal A. Palmitier, MD	106
Christina D. Pareigis, MD	026
Lopamudra A. Patel, MD	174
* Owen Z. Perlman, MD	218
* Jane C. Perrin, MD	174
* Frank S. Pollina, MD	126
* John C. Pollina, MD	126
* Isabel M. Ponze, MD	074
* David Portee, MD	222
Kasturi B. Puri, MD	222
James W. Rae, MD	070
* James A. Raikes, MD	222
Asit K. Ray, MD	222
* Nick J. Reina, MD	194
Brian Roth, MD	174
* Mark F. Rottenberg, MD	222
Sheldon D. Rudin, MD	190
* Daniel Ryan, MD	126
Anjum S. Sadiq, MD	174
Geoffrey Seidel, MD	126
Timothy P. Sesi, MD	174
Bhavna R. Shah, MD	098
* Paul Shapiro, MD	218
Edwin M. Smith, MD	062
* Hi C. Song, MD	222
* Gail D. Soo Hoo-Williams, MD	126
* Michael Sperl, MD	174
* Samuel V. Srinivasan, MD	190
* Marc L. Strickler, MD	218
John H. Stunz, MD	174
Martin S. Tamler, MD	174
* Edward A. Tashjian, MD	174
* Ronald S. Taylor, MD	174
* Madan M. Telikicherla, MD	222
* Kris E. Thompson, MD	218
James D. Van Brocklin, MD	062
* Carol L. Van Der Harst, MD	022
* W. Christian VandenBerg, MD	106
* Richard E. Vermeulen, MD	134
* Sherry L. Viola, MD	174
Bryan D. Visser, MD	102
* Jon M. Wardner, MD	218
* David S. Weingarden, MD	126
Saul I. Weingarden, MD	222
* Joe E. Weiss, MD	222
* Anthony Wilson, MD	162
* In Kwang Yoon, MD	222

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** Asterisk beside name denotes AMA membership*

PN-Pediatric Nephrology

I. Zachary Dyme, MD 090

PS-Plastic Surgery

* Hashim M. Alani, MD 174
* Abd A. Alghanem, MD 062
* Edgar L. Allport, MD 190
Norman J. Arends, MD 222
* Constance G. Arnold, MD 134
* Eric D. Austad, MD 218
Tayfur R. Ayalp, MD 174
* Ronald C. Barry, MD 190
* Eugene B. Becker, MD 062
Robert J. Beckes, MD 050
* John H. Beernink, MD 106
Richard J. Beil, Jr., MD 218
* Bradley P. Bengtson, MD 106
* Benjamin H. Birkbeck, MD 106
William W. Blackburn, MD 090
* Ralph Blocksma, MD 106
Scott R. Brundage, MD 106
* Frank T. Celis, MD 098
* Chang S. Choi, MD 174
* Lee H. Colony, MD 090
* Errikos L. Constant, MD 090
Thomas A. Cresswell, MD 190
Marc L. Cullen, MD 222
* Vigen B. Darian, MD 222
* Don G. Davis, MD 090
* Mark R. DeHaan, MD 106
* Fanny A. Dela-Cruz, MD 174
* Donald M. Ditmars, MD 222
Vijay K. Dixit, MD 126
* William D. Doebler, MD 186
* Kenneth R. Dorner, MD 102
* Stephen E. Fisher, MD 162
* Jefrey A. Fishman, MD 174
* Doreen L. Ganos, MD 222
* Mark S. Geissler, MD 134
* Michael B. Gellis, MD 174
Jorge Gomez, MD 090
Robert C. Grafton, MD 062
Lawrence E. Grennan, MD 162
* Raj Kumar Gupta, MD 222
Musa S. Haffajee, MD 062
* Dennis C. Hammond, MD 106
David B. Hawtof, MD 174
* David N. Hing, MD 218
* John F. Hollenbach, MD 106
* Herman P. Houin, MD 222
* Paul H. Izenberg, MD 218
Ian T. Jackson, MD 174
* Harold W. Jaffe, MD 222
* Ravindranath Kambhampati, MD 174
Ahmet R. Karaca, MD 174
Nuh Naci Karca, MD 174
* G. Reza Karimipour, MD 174
* Alexander P. Kelly, MD 222
Christopher B. Kelly, MD 158
* Daniel E. Kislov, MD 162
Richard Kislov, MD 162
Mark C. Komorowski, MD 022
William A. Lange, MD 222
* Edward D. Lanigan, MD 090
* James M. Lawson, MD 174
Douglas M. Leppink, MD 106
* Joanne Levitan, MD 222
Samuel E. Logan, MD 026
* Miguel A. Lorenzini, MD 126
Jose V. B. Mangune, MD 190
* Robert J. Mann, MD 106
* Joseph E. Mark, MD 174
* John M. Markley, Jr., MD 218
* W. Peter Mc Cabe, MD 222
* Marilee J. Mead, MD 106
* Mehul M. Mehta, MD 174
* Alan S. Messinger, MD 102
* Michael F. Milan, MD 174
* Mithilesh J. Mishra, MD 106
* Joseph M. Mlakar, MD 106
* W. David Moore, MD 106
* Stephen A. Morris, MD 190
* Steven M. Morris, MD 154
Shreepad R. Naik, MD 222
* Michael C. Nave, MD 102
* Frank J. Newman, MD 102
* M. Haskell Newman, MD 218
* Steven M. Nitsch, MD 102
* Robert M. O'Neal, MD 218
Robinson U. Ordona, MD 174
* Geoffrey D. Osgood, MD 194
* Judith K. Perigo, MD 174
* W. Archibald Piper, MD 062
* Robert Pool, MD 174
* Sri R. Ram, MD 174
* Hernando Ramos, MD 102
* Sudarshan R. Reddy, MD 126
* Riley S. Rees, MD 218
* Rouchdi M. Rifai, MD 174
* Steven L. Ringler, MD 106
* Enrique Sabbagh, MD 174
John A. Sampson, MD 098
* Michael J. Schenden, MD 174
* John A. Sebright, MD 106
S. Raja Sekharan, MD 222
Kenneth W. Shaheen, MD 174
* William D. Simpson, MD 106
Rick J. Smith, MD 090
* Andrew E. Stefani, MD 222
William A. Stefani, MD 222
Steven E. Stein, MD 174
Richard E. Straith, MD 174
* Walter G. Sullivan, MD 222
* Preecha Supanwanid, MD 090
* Genevieve D. Swanson, MD 106
Randall J. Telman, MD 106
* William E. Thompson, Jr., MD 062
Dean J. Toriello, MD 106
* Steve S. Tsangalias, MD 222
Samuel S. Valia, MD 190
* William J. Vasileff, MD 174
Satish C. Vyas, MD 222
Donald B. Wallace, MD 174
* Arno W. Weiss, Jr., MD 190
Fredrick Weissman, MD 222
* Ned Z. Winkelman, MD 174
William G. Yost, MD 106

PTH-Anatomic/Clinical Pathology

Ram Advani, MD 106
* M. Said Al-Beiruti, MD 106
* Peter Aliferis, MD 014
G. Ann Alpern, MD 218
* Mary Beth Anderson, DO 126
Richard T. Anderson, MD 194
* Mark B. Austin, MD 102
* Julio E. Badin, MD 062
Michael M. Barbarich, MD 050
* Billy B. Baumann, MD 174
Raymond E. Beckering, MD 186
Juan Belamaric, MD 222
* William H. Benner, MD 026
* Eleanor A. Berden, MD 090
* Frank N. Bever, MD 222
Charles R. Beyerlein, MD 096
* Smita B. Bhatt, MD 222
* Cathy O. Blight, MD 062
* Charles E. Boonstra, MD 026
Earnest Booth, MD 222
Leon R. Boruch, MD 110
* Robert A. B. Bota, MD 222
* Harold E. Bowman, MD 090
* Philip J. Boyer, MD 218
* Philip F. Bradford, MD 186
Jacob E. Briski, MD 222
Laurence E. Briski, MD 222
* Donald R. Brock, MD 222
* Anna H. Broecker, MD 090
A. Joseph Brough, MD 222
* C. Arch Brown, MD 062
* Henry C. Bryant, MD 218
Harry D. Bucalo, MD 218
* Harish B. Budev, MD 222
* Gregory L. Burhans, MD 034
* Fred M. Busse, MD 026
* Tomas R. Cajigas, MD 022
Eldon E. Cassell, MD 018
* Bader J. Cassin, MD 222
* H. H. Castilla-Ortiz, MD 082
* Song H. Chae, MD 222
* Jacob L. Chason, MD 222
* Sajal P. Choudhury, MD 222
* Adrian J. Christie, MD 126
Robert L. Clark, MD 026
Andrew R. Climie, MD 222
* M. Gerard Cloherty, MD 106
* Stephen D. Cohle, MD 106
* David E. Congdon, MD 062
* Douglas D. Congdon, DO 062
* Jose M. Cosio, MD 126
Maria B. Costa-Fox, MD 090
* Robert D. Coye, MD 222
* Robert D. Danforth, Jr., MD 222
* Christie E. Davis, MD 138
* Carmel L. Davy, MD 106
Lee J. De Meester, MD 186
* W. De Mendonca-Calaca, MD 090
* Barry L. De Witt, MD 062
William A. De Young, MD 022
* Rodrigo Diaz-Perez, MD 218
* Richard V. Dieterle, MD 098
* Arnold R. Dood, MD 186
* David S. Dyke, MD 102
* David W. Eckert, MD 222
* Ralph R. Edminster, MD 090
* A. Bradley Eisenbrey, MD 222
Rogelio F. Espiritu, MD 194
E. F. Etcubanez, MD 022
Edward R. Farber, MD 154
M. M. Fatteh, MD 090
* Kenneth J. Fawcett, Sr., MD 062
John F. Fennessey, MD 222
Luisa Fijman-Perez, MD 174
Gerald C. Fine, MD 222
* John E. Finger, MD 190
Janet M. Fleck, MD 090
* Hugh B. Foley, MD 098
* William B. Fuqua, MD 174
* James W. Furlong, MD 174
Aaron P. Gewanter, MD 218
* Philip C. Giesen, MD 102
* Paul W. Gikas, MD 218
* Paul L. Ginther, MD 190
Alvaro A. Giraldo-Gomez, MD 222
Robert T. Goldman, MD 222
* Alfonso Gonzalez, MD 010
* Paul A. Goodman, MD 174
* Kenneth F. Grant, MD 106
* Alex J. Green, MD 174
Harold E. Green, MD 034
George H. Greidinger, MD 062
* Mary Ann Grobbel, MD 106
* David M. Grossman, MD 222
Levi L. Guerrero, MD 202
Manijeh Hakimi, MD 174
* Carl M. Hasegawa, MD 174
* Robert P. Hawkins, MD 174
* Karl L. Helwig, MD 134
Robert C. Hendrix, MD 218
* Gilbert E. Herman, MD 222
* Samuel P. Hicks, MD 218
* Dorin L. Hinerman, MD 218
Ronald G. Hines, MD 190
Samuel D. Hirsch, MD 218
* Russell H. Hjelmstad, MD 070
* Fred Holtz, MD 218
* Harold J. Hommerson, MD 106
Ronald N. Horowitz, MD 090
Judy A. Hoschner, MD 174
Joseph A. Houle, MD 014
* Sharada S. Hulbanni, MD 222
* Ralph M. Hulett, MD 218
James J. Humes, MD 222
* Mujtaba Husain, MD 222
* John W. Hysell, MD 154
* Charles N. Iknayan, MD 150
* George H. Ishler, MD 102
Glen A. Johnston, MD 222
* Judd C. Johnston, MD 134
* Bruce A. Jones, MD 222

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** Asterisk beside name denotes AMA membership*

PTH-Anatomic/Clinical Pathology

John P. Jones, MD 090
* Margaret E. Jones, MD 090
* Julian I. Joseph, MD 106
Ofelia P. Juco-Centeno, MD 174
* John B. Juncker, MD 222
Peter J. Kalabat, MD 174
* Henry A. Kallet, MD 218
* Alan G. Kaplan, MD 222
* Stanley B. Katlein, MD 090
* Marc E. Keen, MD 138
* John C. Keep, MD 070
Pliny M. Keep, MD 102
C. Thomas Kelso, MD 162
* Dale L. Kessler, MD 106
Salim G. Khazoum, MD 186
Lorenz P. Kielhorn, MD 098
* Lars W. Kleppe, MD 170
* Edwin M. Knights, Jr., MD 174
Sidney D. Kobernick, MD 222
Gloria J. Kohut, MD 106
* Edward T. Konno, MD 222
Kusum S. Kothari, MD 078
John A. Kremski, MD 190
* Herbert I. Krickstein, MD 222
Ned N. Kuehn, MD 222
* Neelam B. Kumar, MD 222
Usha B. Kumra, MD 218
* James W. Landers, MD 222
John W. Landgraf, MD 026
* John L. Langin, MD 022
John D. Langston, MD 126
Wilhelm T. Lawrence, MD 090
* Noel S. Lawson, MD 222
Robert Leader, DVM 090
Michael S. Leahy, MD 154
William T. Leeburg, MD 102
Robert C. Legg, MD 194
John C. Liao, MD 086
* John H. Libcke, MD 174
Priscilla R. Lindley, MD 222
* James F. Lininger, MD 102
* Richard E. Lininger, MD 026
Herman J. Linn, MD 222
Ellsworth R. Littler, MD 014
* Paul F. Lobert, MD 162
* Lawrence S. Loesel, MD 070
* Karl F. Loomis, MD 034
* K. L. Machiorlat, MD 106
* Diane L. Maennle, MD 222
* Rosser L. Mainwaring, MD 222
* Gerald H. Mandell, MD 222
* Steven H. Mandell, MD 222
* Joseph D. Mann, MD 106
* Sheldon F. Markel, MD 218
* Nirupama Maskai, MD 222
* Martin H. Matthews, MD 134
* Theodore C. Maycroft, MD 106
Paul Mazzara, MD 222
* Thomas F. Mc Cormick, MD 222
* H. M. Mc Donald, MD 194
* John A. Mc Gee, MD 098
* Theodore R. Meadows, MD 218
* Robert A. Mengebier, MD 170
* Bruce W. Mesara, MD 102
* Nadia O. Metwalli, MD 106
* Kenneth R. Meyer, MD 222
* Eugene Mezger, MD 222
* David N. Mikhail, MD 170
* Florence B. Mikle, MD 034
* Kim Alan Mills, MD 106
James W. Mitchener, MD 194
* Ulrich Moeser, MD 190
* John J. Mozdzen, MD 162
* Willys F. Mueller, MD 062
E. Grant Murphy, MD 062
* Sunghee Nam, MD 222
* Jon L. Neumann, MD 034
* Patricia A. Newhouse, MD 042
* Barnabas Newton, MD 090
Carlos Obregon, MD 222
* Julius M. Ohorodnik, MD 222
Mary R. Oldt, MD 062
Gil Olegario, MD 218
Howard E. Otto, MD 170
Milagros C. Paneda, MD 114
* Sonia A. Parks, MD 222
Anoop Patel, MD 222
* C. Allen Payne, MD 106
Eugene V. D. Perrin, MD 222
* Richard W. Peters, MD 162
Thomas J. Petinga, Sr., MD 110
* Donald R. Peven, MD 222
John T. Piligian, MD 222
* Richard J. Pollard, MD 222
* J. Thomas Powaser, MD 222
* Edward R. Powsner, MD 218
* Sarla Puri, MD 106
* Ernesto B. Quiachon, MD 150
* Hugo Quiroz, MD 218
* Siamak A. Rahimi, MD 186
* Usha B. Raju, MD 222
* Bruce A. Reichardt, MD 162
* Kenneth L. Repola, MD 190
James E. Richard, DO 090
* James A. Rising, MD 174
* Eduardo Rivera, MD 222
* Elmer A. Robertson, MD 026
* T. I. Ronquillo, MD 222
Alexander N. Rota, MD 222
George Russanow, MD 222
Allan H. Russcher, MD 214
Julius Rutzky, MD 174
Rassul S. Saber, MD 042
David A. Sadler, MD 218
* Sheikh M. Saeed, MD 222
C. Maureen Sander, MD 090
Lalitha K. Sastry, MD 126
* Michael F. Schaldenbrand, MD 222
* Patricia K. Senagore, MD 106
* Mala Sengupta, MD 222
* Jayant I. Shah, MD 126
Marcia Shattuck, MD 170
* Isis E. Shenouda, MD 174
Peter K. Shireman, MD 162
* Douglas B. Siders, MD 218
* Laurence P. Skendzel, MD 070
* Randolph E. Smith, MD 134
Manfred H. Soiderer, MD 218
* Steven P. Soper, MD 102
* Werner U. Spitz, MD 222
* William A. Springstead, MD 070
* David A. Start, MD 218
* Rudy W. Stefancik, MD 082
Walter A. Stryker, MD 222
* Keh-Ming Sun, MD 106
* Alistair S. Sundareson, MD 222
Paul K. Tam, MD 026
Carolyn M. Texera, MD 090
Anna M. Theodoulou, MD 222
Martha A. Tillson, MD 146
* George K. Tong, MD 190
* Stefan A. Tsvetanov, MD 194
* Taisja Z. Tworek, MD 222
* Jose V. Valdez, MD 222
* Paul N. Valenstein, MD 218
* Peter D. Van Vliet, MD 106
* Charles R. Vaughn, MD 022
* Hema X. Venkat, MD 222
Adonica L. Walker, MD 102
* Frank B. Walker, MD 222
* William J. Walter, MD 102
William D. Walters, MD 034
* Charles C. Wang, MD 186
* Peter A. Ward, MD 218
Jean H. Webster, MD 170
Richard S. Wegryn, MD 222
* John D. Weiss, MD 134
* Norman L. Welch, MD 162
James B. Wendt, MD 154
* Tracey D. Wentz, MD 218
J. D. Wheeler, MD 062
* Paul R. Wilson, MD 162
James G. Wolter, MD 194
* Robert F. Wylin, MD 174
* Tae Sik Yook, MD 126
Kum-Jung Youn, MD 222
Malcolm C. Young, MD 034
* No Yk Yun, MD 210
* Richard M. Zirkin, MD 222

R-Radiology

PUD-Pulmonary Diseases

* Chaitanya N. Acharya, MD 106
* James R. Acocks, MD 134
Mohammed W. Al-Ameri, MD 174
Mahmoud Al-Hadidi, MD 174
* William T. Allen, MD 218
Shamshad Anwar, MD 194
Alan M. Atkinson, DO 090
Rodney R. Bentz, MD 218
Isak O. Berker, MD 110
* Robert E. Brush, Jr., MD 102
Sue K. Cammarata, MD 102
Robert A. Clowater, MD 190
* Philip G. Cramer, MD 222
* Thomas E. Damuth, MD 190
Steven J. Danek, MD 134
Ralph E. Di Lisio, MD 222
Donald G. Dimcheff, MD 218
* John W. Dircks, MD 102
* Cynthia L. Glines, MD 070
* Geoffrey R. Grambau, MD 102
Charles J. Gwizdala, MD 070
Robert C. Hyzy, MD 222
Mark J. Ivey, MD 186
Irving J. Kane, MD 190
* Gauresh H. Kashyap, MD 090
* Victor A. Kelmenson, MD 222
* Andrew C. Kleaveland, MD 162
* David Listello, MD 106
Oliver L. Marcotte, MD 174
* Daniel E. Mc Donnell, MD 170
* Peter C. Moody, MD 062
* Deborah J. Ochs, MD 070
Harvey Organek, MD 174
* Lingraj S. Patil, MD 174
* Gregg A. Patten, MD 098
* Mark I. Pensler, MD 222
* Thomas J. Petz, MD 222
* John Popovich, Jr., MD 222
* David Quimby, MD 106
Venkat K. Rao, MD 062
Sanford J. Rautbort, MD 174
* Leonard J. Rosenthal, MD 174
* George E. Roth, MD 126
* Arthur F. Saari, MD 134
* Daniel J. Sak, DO 174
Gregory M. Scott, MD 090
M. Varkey Thomas, MD 062
Normita D. Vicencio, MD 222
Frazer A. Wadenstorer, MD 062
David A. Walker, DO 070
Michael A. Warlick, MD 102
Jack F. Wu, MD 102
J. V. Yason-Samson, MD 114

PYA-Psychoanalysis

* Harry E. August, MD 222
Ronald M. Benson, MD 218
Dale Boesky, MD 174
Mordecai L. Falick, MD 222
Alexander Grinstein, MD 174
* Joseph S. Jacob, MD 218
* Cassandra M. Klyman, MD 174
* Duncan J. Magoon, MD 218
* Richard A. Ruzumna, MD 222
Evangeline J. Spindler, MD 218
Edward M. Stempel, MD 174

R-Radiology

Reza Abghari, MD 222
* Deepak Agarwal, MD 190
* Anwar Ahmad, MD 026
Mandeep Ahuja, MD 222
* Robert P. Ainsworth, MD 190
Jamal U. Akbar, MD 062
Mohamed W. Al-Azem, MD 078
* Julian B. Alvarez, MD 222
* Gary M. Amundson, MD 222
* Donald T. Anderson, MD 054

Alphabetical Listing of MSMS Members by Specialty

** Asterisk beside name denotes AMA membership*

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* John W. Anderson, MD 090
* Libby S. Anderson, MD 098
* Michael D. Appleford, MD 218
* Frankju A. Arevalo, MD 222
Robert M. Armbruster, MD 062
Lawrence Ashker, DO 222
Robert G. Ause, MD 218
Allan F. Avbel, MD 142
* Arthur J. Bady, MD 222
* Kyoung S. Bae, MD 222
Robert B. Baker, MD 042
* Kirk G. Banerian, MD 174
* Jehan R. Barbat, MD 174
David A. Barbour, MD 062
Stuart P. Barden, MD 034
David H. Barker, MD 222
Nasser A. Barkhordari, MD 174
Robert F. Barnett, MD 226
* Gordon L. Bartek, MD 090
* Steven M. Batipps, MD 222
* C. J. Stanley Beckman, MD 166
* W. George Belanger, MD 222
George J. Benisek, MD 018
Anthony A. Bennett, MD 222
* Manferd T. Benson, MD 222
Timothy A. Berka, MD 190
* J. G. Marc Bertrand, MD 190
* Rolland E. Bethards, MD 090
Sultan M. Bhimani, MD 062
* F. Ross Birkhill, MD 222
* Kostaki G. Bis, MD 222
* Louis B. Bixler, MD 106
* H. I. Blumenstein, MD 022
Delbert E. Boblitt, MD 218
T. Boyd Bolitho, MD 204
George F. Boone, MD 170
* Gil S. Borlaza, MD 218
* J. Carlos Borrego, MD 174
* Peter E. Boss, MD 074
* Robert E. Brantley, MD 090
* James I. Breckenfeld, MD 222
* Donald G. Bronn, MD 174
Cynthia H. Browne, MD 218
Richard T. Browne, MD 174
* Leonard A. Brunette, MD 102
* Donald R. Bryant, MD 062
* David E. Bryer, MD 222
* M. Arthur Budden, MD 090
* Ronald F. Budzik, MD 222
Gualberto D. Buzon, MD 190
* Herminio C. Calderon, MD 194
* Frank C. Campbell, MD 106
* Kathleen E. Carpenter, MD 070
* David L. Carter, MD 086
* Philip N. Cascade, MD 222
Morton B. Cash, MD 222
Joseph V. Catalano, MD 222
Hugh T. Caumartin, MD 190
* William M. Chae, MD 222
* Ricardo Chalela, MD 126
John P. Champion, MD 106
* Hang S. Chang, MD 222
* Jung H. Chang, MD 222
* Mey-En Chen, MD 106
* Shek-Chyen Chen, MD 222
William D. Cheney, MD 090
* Bradley J. Cherenzia, MD 222
* Michael A. Chita, DO 222
Clarence P. Chrest, MD 102
Mark W. Cimmerer, MD 090
* John R. Clara, MD 086
Max D. Clark, MD 174
James C. Cook, MD 222
Richard F. Cooper, MD 218
* David P. Corbett, MD 222
Robert W. Counts, MD 174
* N. Warn Courtney, MD 102
* Richard M. Cover, MD 070
* John C. Crockett, MD 090
Maria A. Crumes, MD 222
Victor Curatolo, MD 126
* Frederick R. Cushing, MD 222
Louan M. Cuzzort, MD 222
* Harold J. Daitch, MD 222
* Daniel P. Dall'Olmo, MD 070
Patrick H. Daoust, MD 222
Paul M. Dassel, MD 106
* Lawrence O. Davis, MD 222
* James A. De Haan, MD 106
* Walter M. Decker, MD 026
* K. Demetropoulos, MD 222
Praful C. Desai, MD 154
* Herbert W. Devine, MD 222
John Dobson, MD 062
Kurt O. Doggwiler, MD, PHD 222
Edward A. Dolan, MD 222
* Karan S. Dosi, MD 126
* Keith Dreyer, DO 222
* John K. Drumm, MD 222
* Ralph J. Duman, MD 222
* T. Anthony Egleston, MD 190
James P. Eisenberg, Ph.D, MD 138
Sydney A. Elk, MD 095
Zachary F. Endress, MD 174
* John P. Engels, MD 106
* Burton S. Epstein, MD 174
* William R. Eyler, MD 222
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* James L. Fenton, MD 022
* Clifton F. Ferguson, MD 106
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* Samuel R. Fink, MD 174
* Alfredo G. Fleurquin, MD 174
* Norma A. Flores, MD 158
* Maureen E. Forrest, MD 218
* Robert J. Fosmoe, MD 102
* Kendall W. Foster, Jr., MD 090
* Mark R. Fox 102
Allan D. Fraiberg, MD 174
* Atis K. Freimanis, MD 090
Janet L. Frey, MD 026
* David J. Fugenschuh, MD 218
* Ramakrishnayya Gadam, MD 190
* Raymond A. Gagliardi, MD 174
* Zarina I. Galaria, MD 222
Gary E. Galens, MD 222
James Gamero, MD 222
* James A. Gardner, MD 102
Robert R. Garneau, MD 138
Joseph J. Gemmete, MD 222
* Owen J. Gesink, MD 186
* Jack D. Gift, MD 098
William S. Gladstone, MD 102
Romuald H. Gomley, MD 222
Roger L. Gonda, MD 174
* Roger L. Gonda, Jr., MD 174
* Marvin Gordon, MD 222
* Karol J. Granowski, MD 118
* Denise G. Gray, MD 222
* Norman A. Gremel, MD 102
* Ernest P. Griffin, Jr., MD 062
John H. Griffin, MD 222
* Thomas J. Griggs, MD 106
* James H. Grove, MD 026
* James A. Gunn, MD 106
* Daniel R. Guyot, MD 222
* Adnan R. Habbal, MD 222
* Marc G. Haidle, MD 106
* Arch H. Hall, MD 222
Ihn Han, MD 222
Jack E. Handel, MD 222
* Lamar J. Hankamp, MD 218
George P. Harris, MD 190
Monte L. Harvill, MD 222
Edward L. Harwell, MD 086
* Marshall B. Hay, MD 106
Robert D. Heilman, MD 042
Richard F. Heldt, MD 222
* Sharon R. Helmer, MD 222
William A. Henkin, MD 174
* Alan T. Hennessey, MD 222
* James G. Herman, MD 090
* Arnold M. Herskovic, MD 222
Mary Hestness, MD 154
* Paul J. Hettle, MD 022
* Richard P. Heuschele, MD 190
* C. C. Higgins, MD 034
* Ellen G. Hoeffner, MD 222
Leland E. Holly, II, MD 162
John F. Holt, MD 218
* James Derek Hood, MD 154
Phillip A. Hoskins, MD 218
* Lawrence R. Irish, MD 062
* William A. Irwin, MD 222
* J. R. Jaconette, MD 034
Salam A. Jafar, MD 218
Ashok B. Jain, MD 222
Thomas P. James, MD 174
Laszek J. Jaszczak, MD 222
* Thienchai Jayasvasti, MD 106
* Deborah O. Jeffries, MD 218
* Melvin H. Johnson, MD 034
* Milo L. Johnson, MD 090
* Samuel C. Johnson, MD 222
Everett H. Johnston, MD 162
* Tyre K. Jones, MD 022
* Myron H. Joyrich, MD 222
* Tai Hee Kang, MD 062
Raymond J. Karakuc, MD 174
Tammy Kejonen-Kreuzer, MD 222
* Jay E. Kellaway, MD 186
* Anthony S. Keller, MD 142
Heung K. Kim, MD 222
Leon E. Kinasiewicz, MD 050
Jerome H. Klegman, MD 174
Henry J. Klos, MD 026
* William T. Knapp, MD 190
Eugene J. Kochkodan, MD 222
* Oscar P. Koltay, MD 095
* Sylvia M. Kosciolek, MD 062
* Sambasiva R. Kottamasu, MD 222
Manoochehr Koukhab, MD 222
Joseph A. Kozlowski, MD 062
* Kenneth L. Krabbenhoft, MD 222
* Charles F. Krecke, MD 090
* Karl T. Kristen, MD 222
* Glen H. Kumasaka, MD 218
Surender Kurapati, MD 222
* Suryarao Kurumety, MD 210
Carroll J. La Vielle, MD 062
* Walter W. Laidlaw, MD 106
Michael K. Lala, MD 174
* Ernst F. Lang, MD 222
James M. Larson, MD 106
* Sandra P. Last, MD 106
Khalid Latif, MD 062
Karl K. Latteier, MD 222
* Paul R. Lauber, MD 062
* Gordon T. Lawless, MD 222
Lawrence M. Lawson, MD 174
* William F. Leahey, MD 026
Joyce A. Lemkin, MD 222
* Lily W. Lim, MD 062
David R. Limbach, MD 062
* William T. Lincer, MD 106
Eric D. Lindgren, MD 090
* Aquiles G. Lira, MD 038
* Jackson E. Livesay, MD 062
Charles O. Long, MD 090
Edmund Louvar, MD 222
* John G. Lundeen, MD 106
* James E. Lynch, MD 106
* William B. Mac Donald, MD 174
* Gene E. Maddock, MD 026
Prakash Malkani, MD 190
Robert B. Marshall, MD 106
William Martel, MD 218
Yosh Maruyama, MD 222
* Max W. Mattes, MD 174
* Theodore J. Matuga, MD 198
* Richard R. Mc Connell, MD 102
* Thomas G. Mc Donald, MD 222
John E. Mc Enroe, MD 170
John W. Mc Gee, MD 034
Kenneth D. Mc Ginnis, MD 222
* John T. Mc Lelland, MD 026
* Peter K. Mc Leod, MD 062
Robert W. Mendelson, MD 126
* E. M. Mendoza, Jr., MD 222
* Frank A. Merchun, MD 094
Kyung W. Moon, MD 222
* Charles E. Mueller, MD 190
* A. R. Mukkamala, MD 062
Gordon S. Musick, MD 174
* Jaroslaw M. Muz, MD 222
* Krishna K. Nayak, MD 222
* Robert B. Neale, MD 082
James C. Neering, MD 090

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Nancy S. Newlin, MD 114
* Paul T. Niland, MD 090
* Richard E. Noon, MD 174
* Kenneth M. Nowicki, MD 222
* Kevin M. O'Brien, MD 222
Vali Orandi, MD 222
Robert S. Ormond, MD 062
Roland B. Ormsbee, MD 198
* Richard R. Oslund, MD 162
Donald L. Otto, MD 222
* Edgardo G. Paguio, MD 062
Sung K. Paik, MD 218
* Fouad Panah, MD 174
* Harold C. Papson, MD 126
Samir J. Parikh, MD 090
Anthony M. Parillo, MD 062
Donald C. Parker, MD 114
* Richard W. Partridge, MD 106
* Hasmukh I. Patel, MD 090
* Madhubala C. Patel, MD 174
* Piyush C. Patel, MD 098
Sanjay R. Patel, MD 222
Suresh C. Patel, MD 222
* Fred E. Patterson, MD 218
* Francis J. Pauli, MD 218
* Andrew K. Payne, MD 098
* Thomas C. Payne, MD 090
Maurice S. Pelto, MD 070
* Phillip E. Perkins, MD 174
Ronald D. Petrocelli, MD 170
* Clark D. Phelps, Sr., MD 070
* Miljenko V. Pilepich, MD 218
* John F. Pillote, MD 134
* Lawrence D. Pipe, MD 030
Stan Pniewski, MD 194
* Mark G. Poag, MD 190
* E. James Potchen, MD 090
John R. Pracher, MD 222
Linnea J. Priest, MD 070
Bhargavi T. Raiji, MD 062
Shakuntala B. Rao, MD 222
* Tariq Rashid, MD 222
* Vaneerat P. Ratanathar, MD 222
John A. Raymond, MD 226
James A. Read, MD 174
* Sadasiva T. Reddy, MD 098
* Joseph O. Reed, MD 222
Alan A. Reidinger, MD 174
Bernard Z. Reizner, MD 098
William R. Rekshan, MD 218
* Geoffrey M. Remes, MD 090
* George E. Rhiness, MD 090
* Richard A. Rideout, MD 222
* George A. Roberts, MD 222
* Steven S. Rosen, MD 174
Jacques Rosenfeld, MD 222
* Myer H. Roszler, MD 222
G. Jay Rottman, MD 106
* Daniel L. Rousseau, MD 126
* Paul W. Rowe, MD 022
Charles J. Ryan, MD 034
Sarala R. Sadda, MD 062
Abdul R. Sadik, MD 174
Michael K. Samson, MD 222
* Rojan Samudrala, MD 222
Michael G. Sarosi, MD 218
* Gehring T. Sauter, MD 126
* Katharine A. Scharer, MD 222
* Elizabeth L. Schmitt, MD 222
David A. Schultz, MD 090
Ernest C. Schultz, MD 222
* Larry N. Schulz, MD 222
* Herbert Schunk, MD 218
Michael L. Schwartz, MD 222
H. Gunter Seydel, MD 222
Dale R. Shampo, MD 054
* Francis P. Shea, MD 222
* Emil M. Shebesta, MD 162
Ker-Yen Shei, MD 174
Bhaskar U. Shenai, MD 126
* Puranchander Shetty, MD 222
* James J. Shields, MD 218
Arthur S. Shufro, MD 222
* Teofilo L. Sia, MD 134
Leonard B. Skerker, MD 218
Robert A. Skib, MD 190
* Ronald E. Smith, MD 174
* Stanley R. Smith, MD 096
James J. Snider, MD 194
* Allen J. Solomon, MD 190
* Robert A. Songe, MD 222
* J. Clyde Spencer, MD 090
Frederick C. Stebner, MD 062
* Robert D. Steele, MD 174
* David J. Steffey, MD 070
* Duncan E. Stewart, MD 034
* Allen J. Stone, MD 222
Donald P. Stratton, MD 162
Steven T. Strickler, DO 174
John Stucka, Jr., DO 138
* Ronald L. Stuk, MD 162
* Scott G. Sturza, MD 222
Norberto A. Sugayan, MD 222
* James M. Switzer, MD 222
* Marta R. Szego-Koltay, MD 095
* Joseph E. Talbot, MD 190
Maurice Tatelman, MD 222
Richard L. Taylor, MD 114
John E. Temple, MD 174
Barbara S. Thornburg, MD 106
* Kenneth E. Thorp, MD 090
* Yoeh M. Ting, MD 174
Edward G. Tracy, MD 126
Melvin E. Tramitz, MD 190
* Jeffrey V. Tranchida, MD 222
* Robert L. Troske, MD 106
* Eugene W. Tryciecky, DO 090
Victor N. Tsaloff, MD 170
Allen F. Turcke, MD 062
* George B. Ulmer, MD 154
* Yukio Umemori, MD 170
* Joaquin O. Uy, MD 158
Sakthi Vadivel, MD 170
* F Valdmanis, MD 106
* Francis J. Verde, MD 106
L. William Vergith, MD 062
Blase Vitello, MD 222
Carl H. Wallman, MD 074
* Daniel J. Walz, MD 222
* C. Herbert Wang, MD 222
* Lawrence Wang, MD 222
* Steven K. Wang, MD 222
* Geoffrey A. Wardwell, MD 102
* Jacquelyn R. Watson, MD 106
* Frederick B. Watts, Jr., MD 218
* Lawrence G. Wayburn, MD 174
* Malcolm L. Weckstein, MD 222
Robert M. Weinfeld, MD 222
* Charles C. West, MD 090
* Burt T. Weyhing, MD 222
Raymond J. Whiteman, MD 218
* Richard T. Wilcox, MD 162
* Stephen P. Wilensky, MD 090
* Charles A. Wilkinson, MD 106
* Charles R. Williams, MD 070
* Richard M. Williams, MD 162
* David A. Williamson, MD 098
* Geoffrey H. Wilson, MD 034
* Kathryn J. Wimbish, MD 174
* Gertraud Wollschlaeger, MD 174
* Burton J. Wolters, MD 186
* Edwin M. Wright, MD 190
* Raymond L. Wysocki, MD 222
Glenn K. Yee, MD 062
Robert J. Yochim, MD 062
* Norman E. Young, MD 154
Gerald G. Yutzy, MD 218
Zina Zarshenas, MD 222
* Joseph Zbikowski, MD 222
* Z. T. Zbikowski, MD 222
* H. Jay Zeskind, MD 222
* Robert J. Zick, MD 034
* Glenn A. Zimmermann, MD 106
* Alkis P. Zingas, MD 222
* Mark Zwiren, MD 174
Michael K. Zylik, MD 222

RO-Radiation Oncology

REN-Reproductive Endocrinology

Douglas C. Daly, MD 106
* Kenneth A. Ginsberg, MD 222
* Luana J. Kyselka, MD 174
* Kamran S. Moghissi, MD 222

RHU-Rheumatology

Neil H. Alperin, MD 126
Dale E. Baker, MD 218
Judith Bateman, MD 174
* Gilbert B. Bluhm, MD 222
Andrew Daugavietis, MD 106
Andrea Dlesk, MD 134
* Lamberto E. Eugenio, MD 190
* Justus Fiechtner, MD 090
* V. Geravipoolvorn, MD 126
* David D. Hamm, MD 106
Walter L. Howland, MD 022
* Samuel D. Indenbaum, MD 222
* Marcia A. Johnson, MD 222
* John L. Juozevicius, MD 102
* James C. Leisen, MD 222
* James B. Lesser, MD 174
* Stephen A. Levy, MD 126
Richard W. Martin, MD 106
Michael L. Mawby, MD 070
Mark A. Mc Quillan, MD 218
* Jonathan Rene, MD 190
* Robert A. Roschmann, MD 102
* Jerome Rosenthal, MD 174
* E. N. Rottenberg, MD 222
* Robert C. Shepard, MD 090
Larry J. Silverman, MD 222
* Roland R. Springgate, MD 102
Timothy J. Swartz, MD 102
* J. Howard Uhl, MD 106
* Kenneth A. Weinberger, MD 126

RO-Radiation Oncology

Khurshid Ahmad, MD 190
* Elizabeth A. Ajlouni, MD 218
Ahmed M. Akl, MD 062
Amr Aref, MD 222
Philip J. Beron, MD 174
David G. Brachman, MD 102
Eric P. Buth, MD 106
* Basil B. Considine, MD 126
* Roberto B. Cordoba, MD 190
Wayne Court, MD 222
* Kanu B. Dalal, MD 194
* Cheryl Davison, MD 134
Syamala Devi, MD 222
* James R. Dolan, MD 102
* John H. Edlund, MD 106
* Wilma Y. Ewald, MD 106
Ahmed E. Ezz, MD 174
* John J. Feldmeier, DO 222
* Cassandra Foens, MD 090
* Jeffrey D. Forman, MD 222
* Laurie Gaspar, MD 222
Hesham E. Gayar, MD 062
* Robert M. Gillies, MD 106
* David K. Heimburger, MD 070
* Yoo S. Hwang, MD 102
* James M. Kane, Jr., MD 106
Nathan Kaufman, MD 222
* Sarla D. Khushalani, MD 162
* Jin-Chul Kim, MD 034
* Young H. Kim, MD 190
* Paul B. Lattin, DO 222
* Choon K. Lee, MD 222
* Kenneth J. Levin, MD 174
* Jwong-Hwei Ling, MD 222
* I. Donald Mac Kay, MD 126
* Omar A. Majid, MD 222
* Robert J. Murray, MD 222
Jack Nettleton, MD 062

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Robert C. O'Laughlin, MD 126
* Arthur T. Porter, MD 222
* William E. Powers, MD 222
* Kenny K. Rhee, MD 222
* Michael K. Tay, MD 106
* Nitin G. Vaishampayan, MD 222
Tara A. Washington, MD 222

TR-Therapeutic Radiology

Robert J. Bloor, MD 174
Jose L. Campos, MD 102
Carla A. Cook, MD 174
* Haesook Kim, MD 062
Rajesh P. Kotecha, MD 154
Rajnikant H. Mehta, MD 154
* Dong-Whan Oh, MD 062
* Harold Perry, MD 222
* Robert M. Prust, MD 070
Ranjan J. Sanghvi, MD 222
* Henry S. Shin, MD 034
* Anatoly Zelikov, MD 174

TRS-Traumatic Surgery

* Michael D. Aja, MD 070
* Frank R. Lewis, MD 222

TS-Thoracic Surgery

Charles L. Adams, MD 162
* Leandro F. Africa, MD 126
* Agustin Arbulu, MD 222
Eduardo Arciniegas, MD 222
* Ingida Asfaw, MD 222
* Zacarias G. Asuncion, MD 222
Frank A. Baciewicz, Jr., MD 126
* Jacques Beaudoin, MD 222
Manoo Boonsiri, MD 158
* Charles F. Butler, MD 102
* James P. Byrne, Jr., MD 218
* Luis G. Camero, MD 222
* Seong H. Chi, MD 090
* Thorvald W. Christiansen, MD 026
* Paul E. Clancy, MD 222
* Alonso Collar, MD 090
* James W. Delavan, MD 106
* Steven S. Demos, MD 162
* Raymond M. Engelman, MD 062
John A. Feemster, MD 222
* Carlton R. Fischer, MD 218
Lazaro Gelstein, MD 174
Christopher M. Genco, MD 190
* William H. Gordon, MD 174
* Mehdi Hakimi-Naini, MD 222
* Michael P. Halpin, MD 102
* Eric C. Hanson, MD 222
* John C. Heiser, MD 106
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* Milton C. Hoffman, MD 222
William A. Hudson, MD 222
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* Alan F. Hunter, MD 134
* Saib Isterabadi, MD 202
Samuel L. Kalush, MD 190
L. Rao Kareti, MD 090
* Youn S. Kim, MD 106
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* Bobby K. Kong, MD 218
Gregory H. Landis, DO 090
Claude D. Lees, MD 222
Hayward C. Maben, MD 222
George J. Mack, DO 102
* Shahrokh Mansoori, MD 174
Mark L. Marbey, MD 102
* Luigi Maresca, MD 190
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Richard H. Meade, MD 106
* Moufid Mitri, MD 174
* Herschel E. Mozen, MD 222
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* Lawrence H. Patzelt, MD 106
* Robert J. Porter, Jr., MD 162
* Richard L. Prager, MD 218
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Stewart E. Pursel, MD 174
* Samir M. Ragheb, MD 126
* Minoo K. Rao, MD 190
* David C. Reyes, MD 022
* Mohammad Riahi, MD 106
* Jerry C. Rosenberg, MD 222
* Marc P. Sakwa, MD 174
* Ralph J. Schlosser, MD 106
Reuben I. Shapiro, MD 222
John L. Shek, MD 190
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* Dorai K. Sukumaran, MD 222
Rodman E. Taber, MD 222
* Hilary H. Timmis, MD 174
* Luis A. Tomatis, MD 106
Henry L. Walters, III, MD 222
Kenneth A. Wood, MD 174
Albert H. O. Yurvati, DO 090

U-Urology

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Edward P. Ajemian, MD 102
M. Rida Al-Ansari, MD 222
Albert J. Albrecht, MD 222
* H. Dale Alkema, MD 102
Nitin R. Ambani, MD 098
Eugene C. Anderson, MD 222
* Joseph N. Aquilina, Sr., MD 190
* Joseph W. Aquilina, MD 190
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* Marc S. Arnkoff, MD 174
* Morris J. Arnkoff, MD 222
Antony K. Attie, MD 222
Robert S. Bailey, MD 194
* Frank S. Baleiko, MD 226
* John E. Bannow, MD 026
* Graham M. Barnett, MD 106
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* Edward S. Bernreuter, MD 190
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* Iam P. Bhisitkul, MD 026
Frank B. Bicknell, MD 222
* Gregor W. Blix, MD 102
* A. Waite Bohne, MD 222
Mandell T. Bookman, MD 206
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* Barry A. Breakey, MD 218
* Robert L. Brent, MD 222
* David R. Brickel, MD 086
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Joseph M. Caputo, MD 222
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* Joseph C. Cerny, MD 218
* Francisco N. Chan, MD 222
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Pyara S. Chauhan, MD 126
L. C. Christensen, MD 154
* Randy M. Chudler, MD 126
* Gerald F. Conway, MD 174
* Russell T. Costello, MD 026
* Thomas A. Coury, MD 194
* Robert L. Cowen, MD 222
Douglas M. Cummings, MD 022

U-Urology

Jon M. Curry, MD 106
* William Davidson, DO 222
Rodney Davis, MD 218
* Richard M. Delnay, MD 018
* Michelle A. Desmet, MD 222
* C. B. Dhabuwala, MD 222
Robert R. Di Loreto, MD 222
* Ananias C. Diokno, MD 218
* Henry M. Domzalski, MD 222
* Lionel E. Dorfman, MD 034
* Richard P. Dorr, MD 218
Benjamin W. Dovitz, MD 222
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Mark J. Dykstra, MD 102
* James G. Edwards, MD 222
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* C. Peter Fischer, MD 218
* Juan R. Frontera, MD 222
* Peter E. Fujiwara, MD 022
* Joe H. Gardner, MD 190
Priyabrata Ghosh, MD 222
* Ward R. Gillett, MD 070
Sity M. Girgis, MD 210
* Kenneth A. Goldman, MD 174
* Arthur L. Golin, MD 162
* Jose A. Gonzalez, MD 174
* Frank R. Gould, MD 106
* Robert P. Grant, MD 154
John G. Grayson, DO 018
Virinder S. Grewal, MD 090
* H. Barton Grossman, MD 218
* Robert E. Gunning, MD 106
Brian V. Guz, MD 222
* Gabriel P. Haas, MD 222
Ali Hadj-Sawaf, MD 050
Mahmood A. Hai, MD 222
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* Robert M. Hall, MD 070
* Thomas C. Hall, MD 070
* David L. Harold, MD 174
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* Melvin L. Hollowell, MD 222
* David J. Horning, MD 106
* James M. Howard, MD 170
* Jerry L. Irwin, MD 106
* Howard Jacobs, MD 222
Donald J. Jaffar, MD 222
* Farid Jano, MD 174
* Arthur J. Johnson, MD 222
David B. Johnson, MD 090
* David K. Johnson, MD 090
Daya P. Joshi, MD 222
Richard J. Kahnoski, MD 106
* Marshall Kamer, MD 194
* Zachary K. Kanjuparamban, MD 096
Velji K. Kansara, MD 222
Evan J. Kass, MD 174
* David J. Kearney, MD 174
* Phadej Keopunna, MD 190
Charles Kessler, MD 222
* Robert C. Kettunen, MD 102
* Babiano M. Kim, MD 222
* Raymond C. Kinzel, MD 090
* Aaron K. Kirkemo, MD 222
* Earl R. Koenig, MD 126
Isadore I. Kolman, MD 222
* John W. Konnak, MD 218
* John H. Kopchick, MD 106
* Harry N. Kotsis, MD 222
Steven W. Kowalsky, MD 222
* Harm Kraai, MD 174
* Joel M. Kriegel, MD 126
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* Ray H. Littleton, MD	222
* Mark A. Lucas, MD	102
Robert I. Lurie, MD	190
* Michael D. Lutz, MD	222
Sherwin J. Lutz, MD	222
Frankie E. Mac, MD	174
* Murray S. Mahlin, MD	174
* Conrad C. Maitland, MD	222
* William E. Marquis, MD	106
Joseph W. Mashni, MD	090
* Thomas K. Mathew, MD	206
Miles J. Mattson, MD	134
* William L. Mc Cullough, MD	170
* Timothy A. Mc Hugh, MD	218
* John M. Mc Laughlin, MD	098
* Mark C. Mc Quiggan, MD	174
Bernard Meeuwsen, MD	186
James H. Mering, III, MD	134
* Jule J. Merritt, MD	126
* Thomas J. Mertz, MD	222
* Edward B. Miedema, MD	142
* Richard J. Milligan, MD	014
Richard A. Mills, MD	222
Keith Y. Miyamoto, MD	170
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* Konda B. Mouli, MD	114
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* S. R. Nair, MD	158
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William G. Nutting, MD	222
* Kevin T. O'Donnell, MD	174
* Dana A. Ohl, MD	218
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* Mariano L. Orca, MD	198
* Theodore G. Pantos, MD	222
* Alan D. Perlmutter, MD	222
* John P. Plante, MD	222
* Isaac J. Powell, MD	222
* Dindiyalla V. Ramana, MD	110
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* William H. Rattner, MD	222
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* Claude R. Reitelman, MD	222
James D. Relle, MD	174
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* Maurice L. Robitaille, MD	062
* Hector Y. Rodriguez, MD	222
* Paul N. Rodriguez, MD	106
* Brian A. Roelof, MD	106
Samuel K. Rosemberg, MD	222
* Harold E. Rutila, MD	062
* Joseph A. Salisz, MD	162
Talal O. Samhan, MD	074
Russell G. Sandberg, MD	062
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Edward W. Schervish, MD	222
Karl F. Schroeder, MD	222
* Charles L. Seifert, MD	034
Philip G. Seven, MD	062
George R. Sewell, MD	174
Guy W. Sewell, MD	222
Jerome E. Seymour, MD	154
Ashwin H. Shah, MD	158
Rauf A. Shaikh, MD	194
* George M. Shargel, MD	222
James P. Sheehy, MD	062
* Bryan P. Shumaker, MD	174
* Edward J. Shumaker, MD	222
* John J. Siller, MD	222
* B. P. Sinha, MD	222
* Scott I. Sircus, MD	222
* J. Bernard Sloan, MD	062
* James B. Smith, Jr., MD	222
* Michael H. Solomon, MD	218
Otto P. Soltes, MD	222
* L. Paul Sonda, MD	218

VS-General Vascular Surgery

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* William F. Spencer, MD	174
* Wayne K. Stefanciw, MD	070
Edward E. Steinhardt, MD	086
* Thomas E. Stone, MD	162
* Phillip B. Storm, MD	090
* Livius N. Stroia, MD	022
* Stephen A. Stuppler, MD	126
Bernard T. Sumcad, MD	222
Kirk L. Susott, MD	054
Jonathan P. Sykes, MD	218
Albert J. Tactac, MD	222
Arun Tavee, MD	222
Henry C. Tellman, MD	162
David W. Terhune, MD	026
* David E. Thompson, MD	106
Robert C. Thumann, MD	222
* H. Micheal Topley, MD	170
* Jorge R. Torriglia, MD	222
* Lee C. Underwood, MD	102
Vernon C. Urich, MD	062
* Kenneth L. Urwiller, MD	174
Howard R. Usitalo, MD	218
Ramesh K. Vaidya, MD	222
Carl Van Appledorn, MD	218
* Paul L. Vandenbrink, MD	102
Siavosh Varjavandi, MD	062
* Kirit K. Vora, MD	174
Douglas J. Walvoord, MD	186
* Stephen C. Wang, MD	062
* James K. Watkins, MD	106
Jeremy D. Webster, MD	194
Charles J. Weingarten, MD	126
Jeffrey L. Weingarten, MD	174
Bradley L. Willoughby, MD	186
Raymond J. Winfield, Jr., MD	174
Leonard H. Wolin, MD	218
* Chieh-Cheng Wu, MD	030
* Leonard J. Zuckerman, MD	090

VS-General Vascular Surgery

* Robert F. Cali, MD	106
* Allan D. Caudill, MD	034
* Carlo A. Dall'Olmo, MD	062
* Gregory J. Fortin, MD	062
Scott A. Garner, MD	062
* Lazar J. Greenfield, MD	218
Ghassan Haurani, MD	126
* Sadiq S. Hussain, MD	194
* Allan L. Ippolito, MD	062
* Lloyd A. Jacobs, MD	218
* Michael D. Khoury, MD	222
* Wayne K. Kimming, MD	062
* John W. Kitzmiller, MD	174
* Ronald A. Kline, MD	222
* Robert E. Lee, MD	222
* Larry S. Lewis, MD	134
* Albert J. Macksood, MD	062
Adnan Matta, MD	222
* John M. Melldurf, MD	062
* Vellore R. Ramakrishnan, MD	222
* Daniel J. Reddy, MD	222
* Larry J. Robson, MD	106
* Frederick W. Sherrin, MD	062
Vance H. Smith, MD	162
* George T. Sugiyama, MD	106

Listing of Women Physicians by Specialty

** Asterisk beside name denotes AMA membership*

This section of the Michigan State Medical Society 1995 Membership Directory appears at the request of the MSMS Committee on Concerns of Women Physicians. It is also offered as a networking tool. In some situations, patients are interested in having the services of a woman physician. This listing allows all members the opportunity to easily locate women physicians by specialty and geography.

The role of the MSMS Committee on Concerns of Women Physicians is to help women physicians become more involved in organized medicine. The Committee provides for networking opportunities, develops mentor programs, and circulates information to raise awareness about the role women physicians already play in organized medicine.

Members of the MSMS Committee on Concerns of Women Physicians include:

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A-Allergy

Emily W. Bandera, MD 218
* Hilda M. Hensel, MD 158
Achin Kim, MD 174
Raka Mahajan, MD 222
* Myrna R. Meneses, MD 134
* Ling T. Shih, MD 154

ADL-Adolescent Medicine

Irene S. Danek, MD 070

AI-Allergy and Immunology

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* Nancy J. Brooke, MD 106
* Karyn E. Gell, MD 106
* Katharine W. Mauer, MD 174
* Selma S. Moss, MD 222
* Helen A. Papaioanou, MD 222

AN-Anesthesiology

Elizabeth H. Adamson, MD 142
* Mary Appelt, MD 106
Shirley Austin, MD 222
Angelita M. Baluyut, MD 222
* Paula M. Berg, MD 218
* Bharathi I. Bhat, MD 026
Rosemarie Blosen, MD 222
* Caridad B. Bravo-Fernandez, MD 222
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Harriet A. Clarke, MD 174
* Beverly A. Collier, MD 090
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Alena Fabian, MD 090
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* Luisa J. Gatmaitan, MD 222
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Perlita P. Ilem, MD 190
Aurelia D. Jamerson, MD 222
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* Nancy P. Kivell, MD 106
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* Krisana Metriyakool, MD 222
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* Cheryl A. Patterson, MD 222
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* Susan K. Schmiege, MD 190
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* Chander Srinivasan, MD 190
* Theresa P. Stanton, MD 222
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* Rosalie Tocco-Bradley, MD 218
* Pikul C. Tontapanish, MD 222
* Myrna C. Tumacder, MD 206
Devi Vemuri, MD 222
Joanne T. VonMach, MD 222
* Marianne Whowell, MD 218
Beverly Ann Zelt, MD 170
* Phillipa L. Zylanoff, MD 222

ATP-Anatomic Pathology

Wendy P. Carter, MD 194
Patricia M. Novak, DO 098

CD-Cardiovascular Diseases

* Gail P. Brayden, MD 134
* Joyce M. Geary, MD 190
* Cathy L. Glick, MD 098
Rekha Khera, MD 174
Barbara A. Kong, MD 218
* Rhoda M. Powsner, MD 218
Sonia A. Ramirez, MD 222

CDS-Cardiovascular Surgery

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CHP-Child Psychiatry

Kathleen Brazzle, MD 174
* Margaret M. Casey, MD 222
Claire P. Colman, MD 174
* Louise Desgranges, MD 062
Mildred L. Herkner, MD 070
* Linda L. Hryhorczuk, MD 222

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Elizabeth D. Kane, MD 134
* Donna M. Kushner, MD 126
Eva P. Schroeder, MD 222
Gisela Schroeder, MD 222
* Martha L. Wells, MD 222

CLP-Clinical Pathology

* Sugendrini P. Ponnampalam, MD 090
* Jaya Sankaran, MD 095

D-Dermatology

* Lenise Banse, MD 126
Rebecca B. Campen, JD, MD 222
* Marcia B. Cardelli, MD 174
* Jana S. Cazers, MD 102
* Johanna Chapel, MD 222
* Neldagae S. Chisa, MD 174
* Cynthia T. Chow, MD 174
* Cara G. Doane, MD 218
* Helene C. Dombrowski, MD 222
* Margaret C. Douglass, MD 222
Alice I. Gale, MD 090
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Katherine R. Hamlet, MD 218
* Ann E. Hern, MD 174
* Jean M. Holland, MD 222
* Elizabeth A. Hutchinson, MD 090
* Nora M. Kachaturof, MD 222
Naomi J. Kagetsu, MD 126
* D'Anne M. Kleinsmith, MD 174
* Susan H. Klemmer, MD 174
* Ann A. LaFond, MD 222
* Judith T. Lipinski, MD 222
* Lisa A. Manz-Dulac, MD 222
* Barbara M. Mathes, MD 090
* Lisa A. Meils, MD 174
Elizabeth H. Michels, MD 174
* Susan C. Noble, MD 070
Catherine A. Nordby, MD 222
Ervin Novak, MD 102
* Catherine M. O'Gawa, MD 222
Lissette C. Ortiz-Ferrer, MD 186
Danita L. Peoples-Peterson, MD 154
Daisy P. Ramos, MD 174
* Marcy L. Street, MD 090
* Kathryn H. Sussman, MD 126
* Antoinette Tanay, MD 174
* Lorna L. Thomas, MD 222
* Evelyn E. Vanderveen, MD 106
* Kay E. Watnick, MD 174
Eva L. Youshock, MD 174

DIA-Diabetes

* Dorothy M. Kahkonen, MD 222

DR-Diagnostic Radiology

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* Judith M. Bender, MD 174
* Sandra T. Brown, MD 222
* Julie B. Bush, MD 062
Kaya Colak, MD 174
* Elizabeth A. Copland, MD 218
* Patricia M. Duggan, MD 174
Miriam Fernandez, MD 062
* Kathleen A. Gadwood, MD 102
* Kathleen Gafarian, MD 026
Lakshmi R. Gullapalli, MD 174
* Bijaya A. Hans, MD 126
* Jeanne K. Hicks, MD 062
Annette I. Joe, MD 174
Gabriela D. Kaplan, MD 062
Nancy C. Lawhon, MD 174
* Kathleen A. Mc Carroll, MD 174
* Carol J. Mitri, MD 174
Jan Mourelatos, MD 222
* Cynthia A. Nepjuk, MD 222
* Renuka M. Patel, MD 222
Susan J. Phelps, MD 102
* Rita J. Pink, MD 174
Lisa M. Porter-Grenn, MD 174
* Patrice M. Riga, MD 106
* Sophia M. Roumanis, MD 222
Janice M. Schwinke, MD 170
Dina Y. Shah, MD 222
Irene C. Sheehan, MD 222
Sharon C. Siegel, MD 222
* Sharon L. Stocking, MD 062
* Sarada Subramanian, MD 118
Soledad C. Te, MD 202
* Barbara A. Threatt, MD 218
Kanak A. Varde, MD 174
* Joanne B. Walker, MD 218
* Christine Watt, MD 222
Sophie Zaplitny, MD 034

EM-Emergency Medicine

* Beth J. Armstrong, MD 102
Susan E. Barlow, MD 022
* Kathleen M. Bauer, MD 090
* Jane M. Bloom, MD 218
* Marion C. Chown, MD 222
Brenda S. Donaldson, MD 222
Constance J. Doyle, MD 098
* Gwendolyn L. Hoffman, MD 106
* Ginger Hosko-Williams, MD 058
Mary B. Kaplan, MD 222
Polly A. Lilleboe, MD 090
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* Patricia L. Milani, MD 126
* Patricia J. Nakfoor, MD 090
Victoria G. Navarra, MD 222
* Anna Novak, MD 102
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Maureen C. Prendergast, MD 106
* Carol Prince, MD 222
Elizabeth Raphael, MD 174
* Lisa W. Rogers, MD 102
* Dolores J. Shelfoon, MD 174
Sherry B. Shepherd, MD 026
Mary Staten-McCormick, MD 102
* Gloria M. Strutz, MD 126
* Susan N. VandenBerg, MD 106
Kerry L. Vegter, MD 186
Suzanne White, MD 222
Mary P. Wilkins, MD 214
* Barbara N. Wynn, MD 106
Collette Wyte, MD 126

END-Endocrinology

* Maria F. Hayes, MD 222
Lyla J. Leipzig, MD 222
Maria Rojski, MD 106

FP-Family Practice

* Tama D. Abel, MD 218
Nancy A. Ajemian, MD 222
Christine M. Anderson, MD 194
Mary O. Anderson, MD 102
Donna L. Angell, MD 222
Angela E. Antonette, MD 222
* Esther Aoigan, MD 222
Leslie H. Arwin, MD 218
* Catherine M. Baase, MD 154
Lynn A. Beatty, MD 062
Mary E. Bentley, MD 098
* Mary Ellen Benzik, MD 034
Elizabeth A. Boessenkool, MD 106
Beth Boyer, MD 150
* Kathy J. Brittan, MD 214
* Patricia A. Brooks, MD 174
Virginia K. Brown, DO 222
* Janet M. Buhse, MD 174
* Karen S. Burnard, MD 218
* Vernette M. Carlson, MD 146
Ruth V. C. Carney, MD 138
Kathleen M. Chauvin, MD 034
* Vicki E. Chessin, MD 074
* Cynthia C. Cohen, MD 222
* Ann Connaghan, MD 095
Diane A. Culik, MD 222
* Doris E. Dahlstrom, MD 102
* Virginia R. Dedicatoria, MD 190
Hemlata C. Desai, MD 126
* Marilynn S. Dewald, MD 082
Cheryl H. Dionne, MD 130

FP-Family Practice

Arlyn S. Drew, MD 026
* Cindy-Lou Drummond, DO 190
* Tangerine R. DuPuis, MD 050
* Deborah L. Duncan, MD 062
Kathleen J. Dunckel, MD 014
* Diane B. Ebaugh, MD 018
* Evelyn L. Eccles, MD 218
Adele M. Echandia, MD 138
* Karen L. Eldevick, MD 134
* Kristin K. Elliott, MD 134
Kristina L. Erfourth, MD 134
Winifred A. Eshragh, MD 106
* Conie A. Estimoso, MD 222
Stella S. Evangelista, MD 222
Sara Fassihi, MD 222
Cynthia L. Fisher, MD 174
* Thelma I. Flores, MD 222
Kathleen M. Fulgenzi, MD 222
Mary E. Gaffney, DO 222
Norma Gilbert, MD 178
Karen L. Goulet, MD 134
Lynn S. Gray, MD 026
Ellen K. Gryniewicz, MD 218
Janet T. Guisinger, MD 190
Hilda A. Habenicht, MD 098
Jodi Hamblin, MD 094
Angela Harris, MD 062
Leatha B. Hayes, DO 190
* Susan P. Heinrich, MD 214
Naira S. Henein, MD 126
* Mary Herlihy, MD 190
Yvonne Heyel, DO 062
* Kelly J. Hill, MD 154
* Cecelia F. Hissong, MD 222
Patricia S. Hoffman, MD 098
* Susan W. Howard, MD 014
Joslyn M. Hubacher, DO 138
* Nancy A. Hurchik-Munaco, MD 174
Anne M. Janca, MD 062
* Christine M. Jerpbak, MD 222
Susan L. Jewell, MD 134
* Virginia L. Johnson, MD 218
Koyka M. Kadreva, MD 194
Joyce E. Kaferle, MD 218
Janaki Kambhampati, MD 174
* Paula J. Kim, MD 222
* Sally L. Kliphuis, MD 106
* Paula J. Klose, MD 154
Melodie A. Knicely, MD 062
Pamela R. Knysz, MD 106
Joyce F. Koram, MD 222
* Theresa A. Kordish, MD 102
* Christine Krause, MD 218
Nancy J. Kursik, MD 062
* Linda L. Lawrence, MD 062
Loretta Leja, MD 170
* Ruth M. Licht, DO 190
* Veronica E. Lorenzo, MD 190
L. Joy Mac Donald, MD 174
Victoria L. Macki, MD 122
Sharon L. Mandell, MD 126
Carolyn G. Martin, MD 070
* Christine T. Mason, MD 106
* Joanne W. Mc Kune, MD 222
* Shirley A. McCormick, MD 062
Annette M. Mercatante, MD 194
Barbara F. Mercer, MD 062
* Constance A. Mernagh, MD 102
N. M. Mihailoff, MD 222
* Marsha Milburn, MD 090
Karen B. Mitchell, MD 174
Pamela Moore-Lucas, DO 062
* Mary E. Murphy, MD 126
* Marcia S. Nansel, DO 010
Sharon W. Nash, MD 094
* Pamela J. Nelson, MD 102
* Lynn P. Nevin, MD 150
* Linda D. Norrell, MD 062
Debbie Ondersma, DO 134
Cindy Opolka, MD 094
* Dana D. Panknin, MD 014
* Eleanor M. Parshall, MD 114
Cheryl L. Parsons, MD 014
Taru P. Patel, MD 106
* Susan M. Phillips, MD 106
Tammy S. Phillips, MD 154

Specialty Listing

Listing of Women Physicians by Specialty

** Asterisk beside name denotes AMA membership*

FP-Family Practice

Sujatha Prasad, MD 062
* Fe F. Quines, MD 210
Susan L. Radecky, MD 106
Stacy K. Richards, MD 174
* Liana G. Rinzler, MD 106
Shirley Robertson, MD 090
Pamela G. Rockwell, DO 062
Linda M. Rodriguez, DO 062
Tina M. Rossi, MD 014
Katherine A. Roth, MD 090
Mary Elizabeth Roth, MD 174
Kristine O. Rudolf, MD 174
* Elaine M. Schmidt, MD 162
* Caroline G M. Scott, MD 190
* Marguerite R. Shearer, MD 218
Patricia Z. Showerman, DO 118
Maria E. Shreve, MD 222
* Mary Ellen Slater, MD 102
Kimiko Snider, MD 130
Susan J. Solomon, MD 095
* Diana C. Soulias, MD 174
* Carol S. Southland, MD 162
* Dawn E. Springer, MD 090
* Linda K. Stanley, MD 026
Brigette K. Stern, MD 126
Hyun A. Steward, MD 158
* Judith E. Steyer, MD 134
* Barbara A. Supanich, MD 090
Janet L. Talmo, MD 106
* Irmina Targowski, MD 102
* Barbara C. Tess, MD 126
* Vijayalakshmi Thandra, MD 222
Margaret E. Thompson, MD 106
* Mary E. Thorne, MD 090
* Barbara Tilben, DO 206
Estelle P. Torres, MD 186
April Tyler, DO 062
Teresita M. Villasis, MD 038
Cheryl C. Von Valtier, MD 174
* Carol J. Voytas, MD 102
Mary L. Watts, MD 126
Carol M. Ways, MD 218
Suzanne Wehrenberg, MD 170
* Lori Weide, MD 126
Mary West, MD 162
Jennilyn Wetzel, MD 126
Mary C. Whitmer, DO 050
Elizabeth K. Wilson, DO 050
Christina L. Winder, MD 126
* Sheryl A. Wissman, MD 222
Catherine A. Wonski, MD 106
Barbara L. Wuehrmann, MD 106
Lyn A. Yeagley, DO 026
Anna G. Young, MD 170
* Barina Y. Zado, MD 062
Barbara M. Zimmerman, MD 134

FPG-Geriatric Medicine (Family Practice)

Elizabeth W. Imeson, MD 090

GE-Gastroenterology

* Amita Kakarla-Maganti, MD 190
* JoAnn E. Ormand, MD 106

GP-General Practice

Rukmani Achari, MD 222
A. E. Alimboyoguen, MD 062
Evangeline Ancheta, MD 190
Annie L. Atkinson, MD 162
Alice F. Campbell, MD 034
Susan T. Clarkson, MD 046
* Versa V. Cole, MD 170
* Maria Corondan, MD 126
Maria V. Cserhalmi, MD 222
* Leticia T. Dantes, MD 190
Kristy Davis, DO 198
Betty J. DeLawrence, MD 222
Nancy Eos, MD 118
Ivonne I. Felix, MD 222
* Virginia M. Ferrara, MD 222
Elizabeth Fischer, MD 170
* Faith B. Fritsch, DO 090
Elizabeth A. Gurden, MD 206
* Ellen R. Haines, MD 222
* Anita M. Herald, MD 162
* Elsa A. Isip, MD 222
Helene M. Johnson, MD 026
Lubomira S. Kocur, MD 110
Sarla Lal, MD 126
Luz M. Marrero-Reyes, MD 222
Edna C. Mc Inerney, MD 050
* Wendy Y. Mc Kay, MD 222
* Martyna Miskinis, MD 222
Elba Molina Pung, MD 090
* Loretta A. Mullally, MD 194
Aurora P. Nazareno, MD 222
* Sachiko K. Okamoto, MD 162
Alicia A. Pedelty, MD 166
Florence Perez, MD 126
* Marcia L. Potter, MD 218
* Vasantha Rajagopal, MD 190
Patricia L. Rehfield, DO 186
* Ruth H. Salo, MD 222
E. G. Soleymani, MD 222
* Sadie Thumim, MD 222
* Rosario A. Villareal, MD 062
Bonnie R. Wolfram, MD 170
Margaret H. Zolen, MD 102

GPM-General Preventive Medicine

Carolyn W. Bird, MD 174
* Virginia Y. Mesa, MD 062
Begum Zubeida, MD 222

GS-General Surgery#

Roxie M. Albrecht, MD 106
* Sussan M. Bays, MD 190
Pamela Benitez, MD 174
* Ruth B. Campbell, MD 222
Padraic C. Carmody, MD 102
Kimberly Clark-Paul, MD 194
Linda M. Dubay, MD 222
* Mary K. East, MD 218
* Alma R. George, MD 222
* Sandra B. Gladding, MD 106
* Robin I. Goodfellow, MD 030
Barbara Gurden, DO 034
* Debra J. Hamburg, MD 150
* Harriette M. Horst, MD 222
Sandra L. Howell, MD 096
Pamela D. Johnson, MD 174
* Nancy J. Kalinowski, MD 102
Sister R. Koterba, MD 074
* Mary-Beth M. Limback, MD 082
* Carlotta M. Maresca, MD 190
* Neepa Maskai, MD 190
* Santha K. Menon, MD 222
* Barbara K. Miller, MD 150
* Janet R. Osuch, MD 090
* Veronica R. Petty, MD 162
* Bobbi J. Ramp, MD 062
Sharon Rooney-Gandy, DO 098
Marta E. Ross, MD 174
* Marilyn A. Sauder, MD 174
* Fay Ellen Seppala, MD 095
* Deborah W. Sims, MD 222
* Carol A. Slomski, MD 090
* Mary Lou Spitz, MD 174
* Anne M. Zallakian, MD 095

GYN-Gynecology

* Della D. Cohen, MD 222
* Cela L. Laughlin, MD 090
Laura L. Schultz, MD 090
Jean Sinkoff, MD 222

HEM-Hematology (Internal Medicine)

Margarita Collins, MD 174

ID-Infectious Diseases

Vilma Drelichman, MD 222
* Sachi U. Gowda, MD 174
Donna O'Neill, MD 098

IM-Internal Medicine

IM-Internal Medicine

Katherine Abbo, MD 126
Marie-France Abiragi, MD 126
* Renu Agarwal, MD 190
Badar Ahmed, MD 062
Hindi S. Ahmed, MD 062
Kimberly Aikens, MD 170
Elena Akkerman, MD 174
Rama K. Alavalapati, MD 222
* Elsa Alcantara, MD 222
Leslie B. Aldrich, MD 218
* Evelyn D. Alumit, MD 062
* Maria E. Alvarez-Krizan, MD 030
* Chitra D. Amladi, MD 222
* Kathleen M. Andries, MD 026
Daisy S. Angeles, MD 222
* Aruna Anne, MD 062
Jennifer K. Appleyard, MD 222
Lakshmi N. Arekapudi, MD 022
* Elaine L. Atallah, MD 222
Mildred A. Axelrod, MD 174
Joyce Bachman-Gathings, MD 102
* Patricia A. Ball, MD 174
Teresa Baranowski-Birkmeier, DO 106
* Terry L. Baxter, MD 102
* Carol A. Beals, MD 090
* Debra K. Beard, MD 106
* Deloris A. Berrien-Jones, MD 222
Margaret L. Betts, MD 222
* Saroj V. Bhat, MD 222
* Marta Bonkowski, MD 062
Barbara J. Boyd, MD 026
* Nancy E. Brenneman, MD 162
Deloisteen Brown, MD 218
Filomena F. Buenaflor, MD 114
* Cecilia A. Buot, MD 222
* Penny J. Butler, MD 102
L. Michelle Butler-Jackson, MD 174
Suzanne K. Cachat, MD 222
Sandra D. Cameron, MD 026
Nancy T. Caputo, MD 222
Laura Carravallah, MD 062
Candelaria J. Castaneda, MD 222
Anne Cavanagh, MD 102
Janet L. Chapman, MD 174
* Soon A. Choi, MD 062
Elaine G. Chottiner, MD 218
* Barbara J. Cingel 222
Marcella R. Clark, MD 222
* Veldora F. Clunas, MD 174
* Diane F. Colquhoun, MD 034
* Michelle M. Condon, MD 106
* Gina M. Conflitti, MD 222
* Nancy Couch, MD 222
* Susan Courtnage, MD 058
Jayne E. Courts, MD 106
Jayne E. Courts, MD 106
* Mary V. Daly, MD 034
* Alison S. Dark, MD 106
Marcine C. Davies, MD 096
* Carol G. De Vore, MD 174
* Patricia DeLoof, MD 222
Hemangini A. Desai, MD 174
Jayshree Desai, MD 222
Shobhana R. Desai, MD 126
Sharon P. Deskins, MD 026
Eleanor Dickinson, MD 218
Carolyn L. Donovan, MD 218
* Margaret Ann Dowling, MD 222
* Janet K. Dubeck, MD 174
Patricia A. Duley, MD 150
* Mary B. Durfee, MD 218
* Lillman Dwarka, MD 126
Robin L. Elkus, MD 174
Craig W. Elliott, MD 162
Alice Emery, MD 106
Alice Emery, MD 106
Joyce E. Fahrner, MD 062
* Cheryl C. Farmer, MD 218
Noemi Faustino-Inocencio, MD 026
Julie J. Felt, MD 090
S. Jane Firestone, MD 074
Milagros C. Flores, MD 174
* Elizabeth Gallegos, MD 190
Alberta A. Garbaccio, MD 106
* Margarita M. Garriga, MD 222

Listing of Women Physicians by Specialty

** Asterisk beside name denotes AMA membership*

IM-Internal Medicine

* Andrea D. Gelzer, MD 078
Teresita Go, MD 050
Silvia T. Gomez-Seoane, MD 062
* E. Gonzales-Ruiz, MD 094
Veena Govila, MD 174
* Martha L. Gray, MD 218
Jolee H. Gregory, MD 190
* Suhasini Gudipati, MD 190
* Gail D. Gwizdala, MD 070
Isis A. Hanna, MD 222
* Mary Beth Hardwicke, MD 222
Geraldine M. Hardy, MD 126
Leslie C. Heimburger, MD 070
Phyllis O. Helcher, MD 062
* Adelina W. Herrero, MD 218
* Marjorie J. Hickman, MD 034
Karen B. Himmel, MD 042
* Sandra J. Hoffmann, MD 102
Amanda M. Huver, DO 106
* Melonie S. Ice, MD 106
Luise Illuminati, MD 222
* Eve Inchardi, MD 102
C. R. Indira, MD 190
* Mary Ellen Jachec, MD 102
* Nancy E. Jackson, MD 222
* Mary M. Johnson, MD 218
June B. Jones, MD 222
Suman G. Kashyap, MD 090
* Rachel B. Keith, MD 222
Kristin A. Keskey, MD 174
* Shabana S. Khan, MD 222
Urmilla Khilanani, MD 174
Kiran Kinra, MD 062
Kristen A. Kitzsteiner, MD 106
Krystyna Kochanowska, MD 222
A. L. Koh-Guevarra, MD 126
Linda J. Kole, MD 174
Betty Koshy, MD 026
Eleanor Kovich, MD 190
Elizabeth A. Kozak, MD 106
Ambujam R. Krishnan, MD 222
* Madelon H. Krissoff, MD 106
Aruna Kundi, MD 090
Anita Kundra, MD 034
* Roberta G. Kurtz, MD 070
* Linda La Chance, MD 118
* Heidi K. Lang, DO 030
Helen Lausz, MD 126
Mary E. Lazar, MD 222
Carmen G. Lim-Tsai, MD 218
* Deborah J. Longley, MD 106
* Kathleen M. Longo, MD 218
Stephanie M. Lucas, MD 222
* Margarethe Maciulis, MD 022
Irene Macko, MD 222
* Mary A. Mangelsen, MD 098
Mary Martinen, MD 222
Mila A. Martinez-Mojares, MD 222
Alicia E. Matthews, MD 222
Sue Ann Mc Cutcheon, MD 174
Barbara A. Mc Intosh, MD 062
Holly A. Mc Keever, MD 222
Madeline M. Melencio-Posadas, MD 222
* Barbara Menzies-Williams, MD 222
Jeanette M. Meyer, MD 102
* Marjorie P. Meyers, MD 222
* Ann M. Minnema, MD 106
Rosa Mirijanian, MD 174
* Usha R. Modi, MD 062
* Marjan Mohamadi, MD 030
Elli Moller-Fabok, MD 114
* Dorothy G. Mondejar, MD 058
* Peggy R. Moore, MD 222
* Diane L. Morris, MD 222
Mary Patricia Mortell, MD 218
* Padmaja R. Mouli, MD 114
* Dorothy M. Mulkey, MD 062
Justine M. Noel, MD 174
* Kathleen M. Norton, MD 174
* Marie C. Nowosielski, MD 126
* Katheryn L. O'Connor, MD 222
Kathleen E. Ohare, MD 106
* Marian E. Oleszkowicz, MD 106
Theresa A. Osborne, MD 106
Marlis S. Pacifico, MD 218
A. A. Palacio-Chang, MD 126
* L. Pantig-Felix, MD 126
* Hina P. Papo, MD 218
* Chanok H. Park, MD 126
* Mary H. Parsons, MD 222
* Diane L. Peirce, MD 102
Soaries M. Peterson, MD 162
* Teresita S. Platon, MD 222
Neeta S. Pohani, MD 190
* Vanitha R. Prabhakar, MD 222
* Laura B. Prescott, MD 150
* Joan P. Price, MD 222
Sudha N. Purohit, MD 174
Nusrat Rahman, MD 222
* Cindy Rakotz, DO 126
* Edith Varady Ravasz, MD 126
Milagros P. Reyes, MD 222
* Pary L. Reza, MD 218
Mary S. Richardson, MD 106
* Luzviminda R. Rivera, MD 222
* Sara L. Rivette, MD 190
* Vanessa L. Robinson, MD 222
Ruby C. Roc, MD 222
* Graciela R. Rojas, MD 222
* Sarah L. Rosso, MD 222
* Robin A. Royster, MD 106
* Cheryl A. Ruble, MD 222
* Ruth A. Rydstedt, MD 126
* Marcelle R. Salib, MD 222
Chris D. Samy, MD 174
Emily L. San Diego, MD 106
Roxie Ann Schell, MD 190
* Jonna L. Schmidt, MD 114
Jean C. Scholl, MD 218
* Michelle Z. Schreiber, MD 222
Helen J. Scoblic, MD 086
* Karen L. Seaver, MD 162
* Barbara M. Segal, MD 222
Maria E. Sexon-Porte, MD 222
Ila A. Shah-Reddy, MD 222
* R. Shantha, MD 222
Carolyn E. Shettler, MD 222
* Barbara J. Siepierski, MD 222
* Irene M. Signori, MD 222
Usha Singal, MD 222
* Amnuay Singhakowinta, MD 174
* Kathleen M. Skelcy, DO 190
* Susan J. Smith, MD 062
* Lisa B. Speck, MD 174
* Doris A. Suciu, MD 062
* Usha R. Tampi, MD 158
Penput Tangsintanapas, MD 190
Margaret S. Terpenning, MD 218
Karen N. Thompson-Cardwell, MD 222
* Angela R. Tiberio, MD 106
* Dianne K. Trudell, MD 062
Mary B. Tupper, MD 222
Rachel E. Turner, MD 222
* Catherine A. Upton, MD 174
* Susan J. Van Dellen, DO 222
* Joan K. Vangel, MD 174
Shweta R. Venkat, MD 222
* Narcisa K. Villamin, MD 222
Bernice K. Warren, MD 222
* Donna J. Washington, MD 222
* Myra J. Weiss, MD 174
Lourdes A. White-Arriola, MD 222
Shirani Wijay, MD 102
* Cynthia A. Wilberding, MD 110
* Alicia Williams, DO 102
Helen H. Winkler, MD 126
Mary C. Wood, MD 222
* Judith M. Yates, MD 070
* Ratna K. Zampani, MD 222
* Roberta G. Zapp, MD 090
* Gina B. Zilincik, MD 174

IMG-Geriatric Medicine (Internal Medicine)

Iris F. Boettcher, MD 106
* Emma J. Conklin, MD 222

LM-Legal Medicine

* Carole S. Montgomery, MD 106

OBG-Obstetrics and Gynecology

N-Neurology

Faith Abbott, DO 222
Sylvia Anagnos, MD 218
* Lourdes V. Andaya, MD 222
* Elizabeth Angus, MD 222
Aida Bodour, MD 098
* Janelle L. Cooper, MD 050
* Diane S. Cornellier, MD 070
Irene M. Diaczok, MD 222
Shirley Dixon, MD 222
Raina M. Ernstoff, MD 174
* Martha A. Frankowski, MD 126
* Faith D. Fuentes, MD 154
* Bhadrabala B. Ganatra, MD 062
Anne M. Guyot, MD 222
* Asela P. Jumao-as, MD 030
* Wendy L. Larson, MD 218
Janice A. Lindstrom, MD 134
* Debra J. Morley, MD 134
* Evelyn P. Navarro, MD 106
Debra L. Peven, DO 222
Hanna M. Reincke, MD 218
* Lilya Rudoi, MD 126
* Sheila Sheehan, MD 222
* Denise A. Sinke, MD 170
* Akemi Takekoshi, MD 126

NEP-Nephrology

* Elisea N. Singson, MD 062

NPM-Neonatal-Perinatal Medicine

* Danish A. Alamy, MD 062
* Mary J. Kokosky, MD 070
* Joan K. Sharda, MD 102

NS-Neurological Surgery

* Alexa Canady, MD 222
* Karin M. Muraszko, MD 218
* Lucia Zamorano, MD 222

OBG-Obstetrics and Gynecology

Soudabeh Ahadi, MD 158
* Sajida A. Ahmed, MD 096
* Jody L. Alexander, MD 218
* Jacqueline Allen-Wunderly, MD 102
Claire A. Ammoun-Issa, MD 126
* Lisa A. Andersson-Zetye, MD 106
Zeenat Anwar, MD 194
Nathima H. Atchoo, MD 174
Necla S. Aydar, MD 098
* Marga Baer, MD 222
Cathy L. Bagley, MD 090
Delores F. Baker, MD 222
* Karen D. Bartscht, MD 218
Zorka Basta, MD 218
* Virginia A. Battel, MD 222
* Anna Bida-Dudun 090
* Charla M. Blacker, MD 222
Benita H. Blanco, MD 222
Lisa Brawley, MD 222
* Judith G. Brysk, MD 174
* Susan B. Burke, MD 106
Margaret J. Byers, DO 090
* E. Esquejo Capili, MD 218
* Jane I. Castillo, MD 190
Deborah Charfoos, MD 174
* Veena B. Chari, MD 222
* Catherine A. Chartier, MD 174
Cathy Cheron, MD 102
* Radha Cherukuri, MD 190
Darapen Chivalak, MD 222
Stephanie Chun, MD 222
* Mary C. Ciotti, MD 090
* Ellen M. Coggeshall, MD 106
* Kathy L. Collins-Williams, MD 106
Jacqueline R. Compton, MD 174
Elizabeth G. Consengco, MD 098
Clarissa C. Cowles, MD 174
* Jean A. Craig, MD 106

Specialty Listing

Listing of Women Physicians by Specialty

** Asterisk beside name denotes AMA membership*

OBG-Obstetrics and Gynecology

Gracia M. Damian, MD 126
* Laura J. Danz, MD 070
Lourice David, MD 162
Jonelle E. De Lawrence, MD 174
* Rosanna M. Degrood, MD 218
* Stella M. Delaini, MD 222
Barbara J. Depree, MD 186
* Gail A. DesNoyers, MD 142
* Lilian M. Diakow, MD 222
Pamila K. Diwan, MD 174
* Kristine M. Duffy, MD 174
* Neelam Dutt, MD 190
* Cheryl L. Dwyer, DO 190
* Rita P. Eckenrode, MD 218
Ruth M. Ellis, MD 154
Fereshteh Fahimi, MD 090
Maureen Fleming, MD 222
* Anne C. Frantz, MD 174
* Lakshmi Gavini, MD 174
* Cheryl D. Gibson, MD 222
Barbara G. Green, MD 026
Eugenia E. Gurskis, MD 222
* Margaret E. Gustafson, MD 138
Donna J. Harrison, MD 026
Paula R. Headbloom, MD 154
* Judith A. Hiemenga, MD 106
* Carolyn D. Hoekstra, MD 034
Barbara M. Hooberman, MD 218
E. Ray Hudspeth, MD 222
* Jane J. Jawahir, MD 106
Kirsten M. Johantgen, MD 190
Mary Z. Johnson, MD 218
Michelle L. Jones-Singer, MD 062
Mary Jordan, DO 222
* Susan J. Kennedy, MD 218
Elizabeth A. Kobe, DO 190
Karen G. Kohut, MD 218
Louise E. Kozlow, MD 174
* Margueritte H. Kuhn, MD 154
Kamlesh Kumari-Lobo, MD 174
Debra J. Kurtz, MD 070
* DeAnn K. Kutzner, MD 026
Jennifer G. Kuzel, MD 174
* Rekha Lall, MD 222
* Shirley A. Layko, MD 190
* Andrea C. Lightbourn, MD 174
* Diana Little, MD 218
* Annie B. Lo Grippo, MD 222
* Veronica T. Mallett, MD 222
Arlene M. Marcy, MD 174
* Lisa J. Mc Intosh, MD 222
* Ann R. Mc Reynolds, MD 222
* Kathryn L. Mekaru, MD 142
Mangaladevi Menon, MD 218
Judith L. Meyer, MD 106
* Kristine E. Miller, MD 218
Indu Mital, MD 174
* Aurea C. Montoya, MD 222
Brenda L. Moskovitz, MD 174
* Hana S. Najar, MD 222
* Karen L. Niver, MD 194
* Manuela B. Ocampo, MD 222
Darla M. Olson, MD 106
* Gena R. Pahucki, MD 218
* Theresa A. Palaszek, MD 106
Vinenda T. Pandjaitan, MD 026
Nana N. Pantos, MD 222
Helen C. Park, MD 118
* Valerie J. Payne, DO 098
* Tamara L. Pelish, MD 218
Nicky Plementosh, MD 190
* Dorothy A. Porter, MD 222
Aryabala Prasad, MD 174
Barbara E. Puzycki, MD 186
* Mary H. Quigg, MD 222
Susan A. Radtke, MD 222
* Usha S. Ram, MD 174
* Usha Rama, MD 102
* M. A. Ramasamy, MD 198
* Lori S. Ranval, MD 174
* Licia L. Raymond, MD 134
Chi Sun Yoo Rhee, MD 158
Zylkia M. Rodriguez, MD 102
Deborah L. Russell, MD 190
* Connie L. Ryan, MD 134
* Indira R. Saxena, MD 074
* Denise R. Schiebout, DO 222
* Dacia Schileru, MD 050
* Michelle H. Schultz, MD 222
Bhanu J. Shah, MD 222
Tara P. Shah, MD 222
* Joan H. Shapiro, MD 174
* Vinita S. Sharma, MD 222
* Susan J. Sherman, MD 222
Jyotika P. Sheth, MD 222
Lorraine A. Sievers, MD 222
* Pramilla Sinha, MD 222
Joann M. Smith, MD 174
Marijo Snyder, MD 102
* Teela Sorensen, MD 190
Lori J. Stack 222
* Caren M. Stalburg, MD 218
Marijo Steenstra, MD 102
* Audrey E. Stryker, MD 190
Joan C. Stryker, MD 222
* Mythili Subramanian, MD 062
* Leela Suruli, MD 222
* Susanna Szelestey, MD 174
Margaret A. Szymanski, MD 126
* Susan J. Taylor, MD 106
* Marjorie C. Treadwell, MD 222
Constance J. Tubbs, MD 174
Anita D. Van De Burg, MD 106
Sasinee Vibhasiri, MD 222
Joy Y. Wang, MD 222
* Dottie L. Watson, MD 222
* Lydia A. Watson, MD 190
* Kathryn D. Weburg, MD 170
* Nadine Weisser, MD 034
* Janice L. Werbinski, MD 102
* Janice E. Whitty, MD 222
Rebecca J. Williams, MD 222
Sandra M. Wisebaker, MD 106
* Honor M. Wolfe, MD 222
Saroja Yalamanchili, MD 062
* Elida D. Yanga, MD 118
* Rachel D. Yankama, MD 034
* Grazyna K. Zajdel, MD 222
* Laura J. Zuidema, MD 106

OBS-Obstetrics

Mary K. Mafee, MD 218

OM-Occupational Medicine

* Arthelia J. Brewer, MD 174
* Christine M. Cisneros, MD 222
Gertrude B. Gregory, MD 126
Elizabeth A. Gresch, MD 154
* Amanda Mc Tier, MD 174
* Gale S. Northcross, MD 222
Sharon M. Stewart, MD 090
Irene Suen-Yip, MD 222
* Cheryl A. Sulisz, MD 154
Mary W. VanDike, MD 222

ON-Medical Oncology

* Sharon L. Dowd, MD 062
Judie Goodman, DO 222
Shabnum H. Sheikh 218
Annette Vaughn-Bostic, MD 174
* Lijda A. Vellekoop, MD 154
Sharon T. Wolf, MD 174
* Kathleen J. Yost, MD 106

OPH-Ophthalmology

* Linda K. Angell, MD 090
* Marilyn K. Belamaric, MD 222
Adrea R. Benkoff, MD 174
* Ruth Boyman, MD 174
Mariann M. Channell, MD 126
Vivina C. Covacha-Rosal, MD 174
Deborah A. Darnley, MD 174
* Mary J. Elnick, MD 222
Bita Esmaeli-Azad, MD 218
Amy B. Eston, MD 118
* Charlotte L. Hartzell, MD 174
Cheryl L. Huey, MD 218
Estelle P. T. Hughes, MD 222

P-Psychiatry

* Lou Ann Kiessling, MD 218
* Carol A. Krieg, MD 050
Gail A. Locken, MD 218
Jane R. Lubin, MD 106
* Lylas G. Mogk, MD 222
* Natalia M. Muz, MD 222
* Anne M. Nachazel, MD 222
* Kimberly J. Norris, MD 018
* Hanna Obertynski, MD 222
* Jane J. Olson, MD 174
Evelina M. Parial, MD 198
* Judith B. Schartenberg, MD 126
Sara D. Schweinsberg, MD 134
* Shirley T. Sherrod, MD 222
* Mildred P. Singleton, MD 222
Ruth C. Snyder, MD 090
* Marilyn G. Sultana, MD 222
* Susan S. Thoms, MD 174
Rebecca P. Tisch, MD 218
* Jane C. Werner, MD 174
* Carole E. West, MD 222
Jan Z. Winkelman, MD 218
Bertha A. Wiseman, MD 010
* Amy Y. Wu, MD 062

ORS-Orthopedic Surgery

J. Sybil Biermann, MD 218
Kathleen A. Buran, MD 090
* Mary E. Conroy, MD 222
Julie A. Dodds, MD 090
* Carol L. Hulett, MD 126
* Patricia A. Kolowich, MD 222
* Dayle L. Maples, MD 106
Mary L. Morden, MD 086
* Diana M. Rothman, MD 218
* Brenda L. Sanford, MD 174

OTO-Otolaryngology

Carol R. Bradford, MD 218
Susan L. Garetz, MD 218
* Marie G. Gauthier, MD 022
* Peggyann Nowak, MD 174
* Cecilia M. Prophit, MD 102
* Sheila M. Ray, MD 222
Susan J. Rossi, MD 126
* Vanessa G. Schweitzer, MD 222
Susan Urben, MD 174
* Kathleen L. Yaremchuk, MD 222

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Beverly L. Anderson, MD 118
* Margaret A. Baima, MD 222
* Elissa P. Benedek, MD 218
* Savitri M. Bhama, MD 126
* Beth A. Brooks, MD 222
Linda Y. Callaghan, MD 070
* Alice S. Chester, MD 222
* Diana M. Constance, MD 174
* Anne B. Cronick, MD 162
Lina Daghistani, MD 062
Ruth H. Day, MD 222
Irene R. De Groot, MD 106
Etienne V. Dehoorne, MD 218
Ruth B. Diaz, MD 218
Rosemary M. Dykema, MD 222
Anne Eisen, MD 218
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Leslee Emerson, DO 222
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Debra A. Glitz, MD 222
* Salomea Goldberg, MD 106
Beth Goldman, MD 174
Rosalind E. Griffin, MD 222
Kathleen Gross, MD 026
Lovell I. Guanco, MD 126
Krishna K. Gupta, MD 174
* Nancy L. Hager, MD 010
* Michelle Hages, MD 222
Nancy Hanke, MD 218
* Sherri Hansen-Grant, MD 218
Julia A. Hardy, MD 218
Muriel B. Harris, MD 222
Barbara Henike, MD 126
Martha J. Higgins, MD 222

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** Asterisk beside name denotes AMA membership*

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Lori A. Katzman, MD	174
* Arlene V. Kevonian, MD	222
Shahin B. Koegler, MD	222
* Carolyn Koppenol, MD	014
Eleanor J. Kulis, MD	126
* Linda J. Logsdon, MD	174
* Joyce W. Mason, MD	218
Pamela Mazzoline, MD	090
Dorothy M. Mikat, MD	062
C. Michelle Morgan, MD	082
Sarla Nandani, MD	222
Anne F. Norgan, MD	034
Ellen C. Norton, MD	106
* Karin E. Olson, MD	070
Holly A. Perkins, MD	106
Senta V. Poim, MD	222
Fariha Qadir, MD	222
Hemalatha Reddy, MD	174
* Michele Reid, MD	222
Carol A. Roekle, MD	174
* Arlene Z. Roman, MD	206
Petra A. Sabala De Crespi, MD	102
Veena Sabharwal, MD	222
* Anne H. Samborski, MD	174
Flora E. Scherer, MD	102
N. Schneider-Dice, MD	106
Jeanette S. Schoonmaker, MD	014
* Phyllis G. Segal, MD	174
Linda C. Speck, MD	174
Margaret D. Van Wylen, MD	186
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PD-Pediatrics

* Yasmeen A. Ahmad, MD	222
* Raana W. Akbar, MD	190
Minda P. Alimario, MD	126
Nancy C. Anastasi, MD	218
Epifania A. Aranas, MD	062
Delia D. Arcilla, MD	222
* Regine Aronow, MD	222
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* Prudence L. Barrett, MD	026
Genoveva A. Bautista, MD	126
* Mary P. Bedard, MD	222
Karen A. Bentley, MD	062
* Herminia P. Bierema, MD	174
* Linda R. Bolton, MD	174
* Kingkhan Boriboon, MD	222
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Janet Burg Snider, MD	174
Anne O. Butry, MD	174
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* Kalpana A. Choksi, MD	222
Belinda S. Chou, MD	218
Annamaria T. Church, MD	174
* Deborah L. Cloney, MD	106
* Cynthia L. Cookingham, MD	174
Linda L. Crandall, MD	126
* Miriam S. Daly, MD	034
Jean H. Darling, MD	174
* Barbara A. Davies, MD	026
Elvira M. Dawis, MD	190
Norma C. Derro, MD	222
Sarojini Desai, MD	222
Margaret R. Dietze, MD	222
Usha L. Doshi, MD	222
* Joan M. Downs, MD	106
* Silva L. Doyle, MD	062
Tammy O. Drew, DO	106
Elizabeth A. Dubina, MD	174
* Amy D. Dunn, MD	174
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Laurie K. Fisher, MD	174
Anna Fraymovich, MD	222
Yvonne M. Friday, MD	222
* Samina Furhad, MD	222
J. Lia Gaggino, MD	102
* Marjorie R. Gagliardi, MD	222
Cheryl K. Gannon, MD	174
Linda E. Garrison, MD	102
* Pamela A. Georgeson, DO	222
Sultana R. Ghuznavi, MD	222
* J. Gwendolyn Gordon, MD	222
Neigatha Graney, MD	118
Lynn A. Green, MD	090
Carmen P. Green-Lee, MD	218
Sylvia Griva-Lizlovs, MD	222
Monesha Gupta, MD	062
Colette A. Gushurst, MD	102
* Belen C. Guzman, MD	222
* Melissa Hamp, MD	062
* Fikria B. Hassan, MD	062
Sylvia I. Hicks-Fox, MD	102
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* Marjorie E. Howard, MD	174
Theresa H. Hsu, MD	126
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* Anne-Mare Ice, MD	222
* Norma M. Inocencio, MD	222
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Nanette J. Jagnow, MD	174
* Hildegard T. Jamerson, MD	070
* Brandi M. Jenson, MD	222
* Geetha V. John, MD	222
* Janet F. Johns, MD	106
* Carolyn E. Johnson, MD	222
* Melinda E. Karam, MD	222
Mualla Kaynak, MD	114
Lakshmi Kaza, MD	174
* S. Nadya J. Kazzi, MD	222
Laurie Kenien-Rafols, MD	174
Adrianne Kimler, MD	062
Janice S. Klemp, MD	082
* Sharon K. Knepfler, MD	222
Jill E. Koehler, MD	062
* Conchita Q. Kovach, MD	222
* Ruth M. Kraft, MD	222
* Pamela M. Kratkoczki, MD	174
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* Shirlee E. Kuhl, DO	174
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* Andrea S. Kuldanek, MD	106
Wendy B. Lawton, MD	062
* Dana L. Leary, MD	106
* Kathleen L. Lemmen, MD	102
* Vivian M. Lewis, MD	062
* Mary S. Logan, MD	222
Cecilia G. Lopez, MD	062
* Barbara A. Lucas, MD	222
Rosie M. Lumaque, MD	062
* Nancy L. Mac Donald, MD	186
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Eugenia A. Mc Kim, MD	174
* Virginia McCandless, MD	222
Julia H. McDonnell, MD	218
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Joanne E. Mertz, MD	170
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* Michelle E. Morouse, MD	126
* Kathryn L. Moseley, MD	222
Sumathi R. Mukkamala, MD	062
* Helen M. Nutting, MD	126
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* Marjorie H. Otero, MD	062
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* Krystyna G. Pasterska, MD	222
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Daxika A. Patel, MD	222
Vina R. Patel, MD	062
Margaret M. Pierron, MD	126
Aida B. Ponce, MD	190
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PH-Public Health

Chandra K. Puttagunta, MD	062
Kala Reddy, MD	086
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* Reina O. Salazar, MD	222
Carolyn S. Salisbury, MD	174
Pouran S. Samii, MD	098
* Carol M. Sanders, MD	222
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Susan Sauber, MD	174
* Denise K. Schaffert, MD	154
* Seetha Shankaran, MD	222
Vijaya L. Shastri, MD	026
Marilee G. Shebuski, MD	082
* May Ling Lie Shuck, MD	174
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* Francisca S. Soliven, MD	222
Vicki L. Solway, MD	174
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Rajanee S. Sripaipan, MD	082
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* Ruth H. Strang, MD	218
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* Dionisia A. Sy, MD	222
* Mary Sue Sylwestrzak, MD	174
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* Violeta G. Tanafranca, MD	126
C. Y. Tanhehco, MD	222
Pacita L. Tanhehco, MD	062
Natalia M. Tanner, MD	222
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* Thelma T. Tumacder, MD	222
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* Ada E. Van Vloten, MD	090
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V. K. Yeddanapudi, MD	222
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* Mary Zakelj, MD	222
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PDA-Pediatric Allergy

* Asuncion Q. Luz, MD	114
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PDR-Pediatric Radiology

* Christie J. Becker, MD	222
* Anne F. Oostendorp, MD	106
Susan E. Roubal, DO	222

PDS-Pediatric Surgery

* Susan H. Adelman, MD	222

PH-Public Health

Mary L. Cretens, MD	050
Dorothy M. Goerner, MD	174
Evelyn V. Golden, MD	062
Genevieve G. Howen, MD	090
* Lucille K. Kuchera, MD	034
* Kalyani Misra, MD	062
* Winifred A. Oyen, MD	154

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** Asterisk beside name denotes AMA membership*

PM-Physical Medicine and Rehabilitation

* Winifred D. Bragg, MD 218
* Annette G. De Santis, MD 126
* Elizabeth W. Edmond, MD 222
Jeanette J. Gluszewski, MD 222
* Veena O. Gupta, MD 174
* Teresa L. Gurin, MD 174
Flora M. Hammond, MD 222
* Andrea C. Jungwirth, MD 218
* Genowefa Z. Jurek, MD 222
Jacquelyn G. Lockhart, MD 174
* Judy A. Macy, MD 158
* Nancy R. Mann, MD 222
* M. Melissa Moon, DO 090
Carla E. Morton, MD 222
Christina D. Pareigis, MD 026
Lopamudra A. Patel, MD 174
* Jane C. Perrin, MD 174
* Isabel M. Ponze, MD 074
Kasturi B. Puri, MD 222
Anjum S. Sadiq, MD 174
Bhavna R. Shah, MD 098
* Gail D. Soo Hoo-Williams, MD 126
* Carol L. Van Der Harst, MD 022
* Sherry L. Viola, MD 174

PS-Plastic Surgery

* Constance G. Arnold, MD 134
* Doreen L. Ganos, MD 222
* Joanne Levitan, MD 222
* Marilee J. Mead, MD 106
* Judith K. Perigo, MD 174
* Genevieve D. Swanson, MD 106

PTH-Anatomic/Clinical Pathology

G. Ann Alpern, MD 218
* Barbara J. Anderson, MD 222
* Mary Beth Anderson, DO 126
* Eleanor A. Berden, MD 090
* Smita B. Bhatt, MD 222
* Cathy O. Blight, MD 062
* Anna H. Broecker, MD 090
* Song H. Chae, MD 222
Maria B. Costa-Fox, MD 090
* Carmel L. Davy, MD 106
Luisa Fijman-Perez, MD 174
Janet M. Fleck, MD 090
* Mary Ann Grobbel, MD 106
Judy A. Hoschner, MD 174
* Sharada S. Hulbanni, MD 222
* Margaret E. Jones, MD 090
Ofelia P. Juco-Centeno, MD 174
Gloria J. Kohut, MD 106
Kusum S. Kothari, MD 078
* Neelam B. Kumar, MD 222
Usha B. Kumra, MD 218
Priscilla R. Lindley, MD 222
* Diane L. Maennle, MD 222
* Nirupama Maskai, MD 222
* H. M. Mc Donald, MD 194
* Nadia O. Metwalli, MD 106
* Florence B. Mikle, MD 034
* Patricia A. Newhouse, MD 042
Mary R. Oldt, MD 062
Milagros C. Paneda, MD 114
* Sonia A. Parks, MD 222
* Sarla Puri, MD 106
* Usha B. Raju, MD 222
C. Maureen Sander, MD 090
Lalitha K. Sastry, MD 126
* Patricia K. Senagore, MD 106
* Mala Sengupta, MD 222
Marcia Shattuck, MD 170
* Isis E. Shenouda, MD 174
Carolyn M. Texera, MD 090
Anna M. Theodoulou, MD 222
Martha A. Tillson, MD 146
* Taisja Z. Tworek, MD 222
* Hema X. Venkat, MD 222
Adonica L. Walker, MD 102
* Tracey D. Wentz, MD 218

PUD-Pulmonary Diseases

Sue K. Cammarata, MD 102
* Cynthia L. Glines, MD 070
* Deborah J. Ochs, MD 070
Normita D. Vicencio, MD 222
J. V. Yason-Samson, MD 114

PYA-Psychoanalysis

* Cassandra M. Klyman, MD 174
Evangeline J. Spindler, MD 218

R-Radiology

Reza Abghari, MD 222
* Libby S. Anderson, MD 098
Cynthia H. Browne, MD 218
* Kathleen E. Carpenter, MD 070
* Mey-En Chen, MD 106
Maria A. Crumes, MD 222
Louan M. Cuzzort, MD 222
* Karan S. Dosi, MD 126
* Norma A. Flores, MD 158
* Maureen E. Forrest, MD 218
Janet L. Frey, MD 026
* Zarina I. Galaria, MD 222
* Denise G. Gray, MD 222
Karen L. Haddlesey, MD 222
Ihn Han, MD 222
* Sharon R. Helmer, MD 222
Mary Hestness, MD 154
* Ellen G. Hoeffner, MD 222
* Deborah O. Jeffries, MD 218
Tammy Kejonen-Kreuzer, MD 222
* Sylvia M. Kosciolek, MD 062
* Sandra P. Last, MD 106
Joyce A. Lemkin, MD 222
* Lily W. Lim, MD 062
Nancy S. Newlin, MD 114
* Madhubala C. Patel, MD 174
Linnea J. Priest, MD 070
Bhargavi T. Raiji, MD 062
Shakuntala B. Rao, MD 222
* Vaneerat P. Ratanathar, MD 222
Sarala R. Sadda, MD 062
* Katharine A. Scharer, MD 222
* Marta R. Szego-Koltay, MD 095
Barbara S. Thornburg, MD 106
* Jacquelyn R. Watson, MD 106
* Kathryn J. Wimbish, MD 174
* Gertraud Wollschlaeger, MD 174
Zina Zarshenas, MD 222

REN-Reproductive Endocrinology

* Luana J. Kyselka, MD 174

RHU-Rheumatology

Judith Bateman, MD 174
Andrea Dlesk, MD 134
* Marcia A. Johnson, MD 222
Mina E. Mark, MD 062

RO-Radiation Oncology

* Elizabeth A. Ajlouni, MD 218
V. Elayne Arterbery, MD 222
* Cheryl Davison, MD 134
Syamala Devi, MD 222
* Wilma Y. Ewald, MD 106
* Laurie Gaspar, MD 222
* Sarla D. Khushalani, MD 162
Tara A. Washington, MD 222

TR-Therapeutic Radiology

Carla A. Cook, MD 174
* Haesook Kim, MD 062
Ranjan J. Sanghvi, MD 222

U-Urology

* Michelle A. Desmet, MD 222
Ann L. Oldendorf, MD 218



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Resource Guide

Resource Guide



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Guide to MSMS Committees

MSMS has 47 committees and task forces which provide a platform for addressing issues ranging from aging to physician well-being. To effectively address such a wide range of issues, MSMS committees rely heavily upon member input. MSMS encourages involvement of as many different physicians as possible from every geographical area.

Committee appointments are awarded annually at the MSMS Mid-Summer Board of Directors meeting held in July. Members are selected from a pool of applicants who have been nominated by current committee members, MSMS section officers and specialty and component society leaders. Committee appointments are for two-year terms, with new appointments taking place annually.

The first step toward obtaining a position, and the most difficult, is determining which committee (or committees) interests you most. A complete list of MSMS committees and task forces begins on this page. Each committee listing includes a brief statement of goals.

Members interested in serving on a committee must be appointed by the MSMS Board of Directors. Simply contact a current committee member, MSMS section leader, MSMS Board member, your county medical society or specialty society, or contact MSMS headquarters and request a recommendation. Each January MSMS begins seeking recommendations for the coming year. So now is a good time to start thinking about what committee you would like to join.

For more information on any of the MSMS committees, contact Jeanne Miller at MSMS.

Committee on Aging

This Committee provides physicians with an overview of the medical, social and psychological needs of the aged patient. Activities include examining the health status of the older patient, advocating preventative medicine programs, discussing Medicare financing, and exploring long-term care options for the elderly. The Committee works with many community organizations and the Michigan Office of Services to the Aging.

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Committee on MSMS Archives

This Committee researches and retains a record of Michigan medical history so it will be preserved for future generations.

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Task Force on AIDS Education

This Task Force develops strategies for educating physicians about AIDS and coordinates MSMS efforts in physician and public education with those of the Michigan Department of Public Health.

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Committee on Awards

This committee supervises the MSMS awards program and makes recommendations to the Board of Directors.

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Committee on Bioethics

This Committee discusses, debates and

makes recommendations about scientific, medical, moral, ethical and political concerns facing the individual physicians and the profession as a whole.

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Committee on Communications and Professional Relations

This Committee develops and oversees all professional/public relations and public service activities. It provides physician input to the program suggestions and activities advanced by outside consultants and MSMS staff.

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Committee on CME Accreditation

This Committee assures that quality CME activities are available to Michigan physicians through review, evaluation, and accreditation of Category I continuing medical education providers in the state.

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Committee on CME Programming

This Committee develops, conducts, and supervises Category I programs in Michigan to serve the continuing medical education needs and interests of physicians. It also is empowered to jointly sponsor programs which meet the CME criteria for Category I education activities.

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Committee on Constitution and Bylaws

This standing Committee of the MSMS House of Delegates is responsible for facilitating all actions by the delegate body which may result in required amendments to the MSMS Constitution and Bylaws. The Committee also is responsible for reviewing, revising and reprinting the Constitution and Bylaws document periodically, as necessary.

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Committee to Assist Impaired Physicians

This Steering Committee provides assistance, through its medical director and a statewide network of volunteer physicians, to physicians who have problems related to alcoholism, chemical dependency, emotional illness, physician impairment, and serves as the advisory body to the Physicians Recovery Network. Education and research toward prevention, case finding, and intervention are major components of the program.

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Committee on Maternal and Perinatal Health

This Committee strives to improve the care

of the obstetrical patient and her newborn and to provide means for physicians, nurses, and others interested in maternal, perinatal, and neonatal health to discuss mutual problems and share ideas. It works in close cooperation with the state agencies and medical specialty organizations.

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This Advisory Committee assists MSMS in setting priorities, studies current health care financing, makes specific recommendations concerning future financing mechanisms, and develops an understanding of traditional insurance companies, emerging alternative financing and health delivery systems.

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The Task Force gathers information on the increasing challenges of change occurring in rural health care and helps physicians make the necessary practice changes so that they may continue to provide quality health care to rural Michigan residents.

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Liaison Committee with Michigan Peer Review Organization (MPRO)

This Liaison Committee monitors the activities of the federal peer review organization in Michigan (MPRO), provides policy input to MPRO on medical and operational issues, meets with MPRO representatives to discuss matters of mutual interest, and assists individual physicians in dealing with problems or concerns they may have with MPRO.

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Planning Committee for MSMS Conference on Maternal and Perinatal Health

This Planning Committee plans and implements the Category I CME program for the Annual MSMS Conference on Maternal and Perinatal Health, in cooperation with several other participating organizations.

Paul T. von Oeyen, MD
Royal Oak
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John R. Addy, MD, Lansing
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PO/PHO Case Study Report
Now Available

The PO/PHO Case Study Report of eight POs/PHOs across the U.S. is now available. The Case Study Report, developed by MSMS, AMA and two other state medical societies, contains a foreword by Paul Ellwood, MD, Director of the Jackson Hole Group. The report examines many issues concerning PO/PHO development and operations including the role of the PO, the value of a sophisticated management information system and the importance of a strong medical management system.

"The American Medical Association, together with the Illinois State Medical Association, the Indiana State Medical Association and the Michigan State Medical Society, have done a tremendous job in bringing us this research which is timely, topical and provocative."

-- Paul Ellwood, MD, Director
Jackson Hole Group

Yes! Please send me the PO/PHO Case Study Report.

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Planning Committee for MSMS Annual Scientific Meeting

This Planning Committee, with guidance from the Committee on CME Programming, plans and presents Category I Credit CME courses in the Annual Scientific Meeting format. It provides CME courses of value to all specialties while striving to improve methods of education and evaluation.

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This Liaison Committee discusses major policy issues of the Medicaid program with state government and attempts to resolve individual physicians' problems with Medicaid payments and procedures.

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Christine Shearer, Staff

Committee on Medical Licensure and Discipline

This Committee serves as a liaison to the Michigan Department of Commerce's Bureau of Occupational and Professional Relations and the Michigan Board of Medicine, and seeks and supports measures that will promote a fully effective Board of Medicine.

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This Committee guides all recruitment efforts aimed at non-member physicians, residents, and students. It develops membership goals, makes recommendations to the Board of Directors and conducts personal recruiting efforts when needed.

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Deborah Zannoth, Staff

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This Committee works to improve information and communication channels among public health officers, practicing physicians, and the public on environmental and public health issues of mutual concerns.

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Committee on Specialty Society Presidents

This Committee provides for communication between MSMS and the members of medical specialty societies through regular meetings with the specialty society presidents. The Committee deals with any subject of mutual concern.

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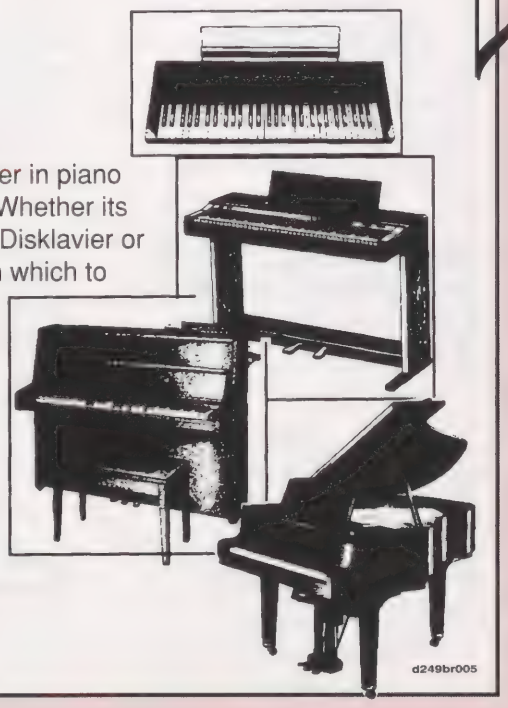
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MSMS/MPMLC Risk Management Committee

The Michigan State Medical Society Section of Risk Management was developed with the support of Michigan Physicians Mutual Liability Company (MPMLC) to increase MSMS member involvement in the planning and implementation of risk management activities. This section has two main objectives. The first is to increase the number of risk management education programs available for physicians and related health care professionals, and to coordinate programs to insure that their content meets the needs and desires of the MSMS members. A second objective of the section is to inventory practice parameter development within Michigan and coordinate the involvement of Michigan physicians in practice parameter related projects. The purpose of the Risk Management Committee is to oversee the activities of the section and to provide assistance and guidance as necessary.

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Task Force On Physician Well-Being

This Task Force was formed to plan and help implement an MSMS educational program for physicians which focuses on professional well-being. The educational goal is to promote the health of physicians and their families, to help them avoid impairment so they can continue to deliver quality medicare care to their patients. The Task Force includes representatives from the MSMS Board, MSMS Auxiliary, specialty societies and county medical societies.

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Task Force on Family Violence

The Task Force is charged with leading MSMS efforts to educate physicians about the needs of persons who are victims of child, partner or elder abuse, and with helping physicians to provide those persons with the best possible care and referral to services. In addition, the task force provides liaison with legal, law enforcement, social services, nursing and other medical organizations interested in improving care and services to violence victims.

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Physician Organization Committee

The PO Committee educates physicians concerning the changing health care delivery system, particularly concerning the need to develop effective managed care strategies. The Committee also oversees the provision of hands-on consulting services by the MSMS Physician Organization and Management Services group that assists physicians in establishing POs and PHOs.

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The mission of the Corporate Affiliated Physicians (CAPS) Committee is to represent physician employees of nonprofit, profit and professional corporations. To undertake these educational programs and information gathering activities that are of interest and importance for CAPS physicians in various leadership roles in undergraduate, graduate and continuing medical education; the creation of clinical practice guidelines; continuous quality improvement; practice operations; the provision of high-quality medical care; and such matters that are determined to be appropriate to their practices.

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The Liaison Committee serves as a communication link between Michigan physicians and third party payers, including managed care programs, commercial insurance companies, Blue Cross Blue Shield of Michigan and Health Care Service Corporation. The Committee provides input to payers on policy issues and new programs; works to resolve payment and policy issues raised by individual members; identifies and reports on trends related to payment and new programs; and seeks unified approaches to issues affecting particular specialties.

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Following is a list of the Michigan Delegation to the American Medical Association House of Delegates. These physicians are elected by the MSMS House of Delegates to represent Michigan physicians on the national level of organized medicine.

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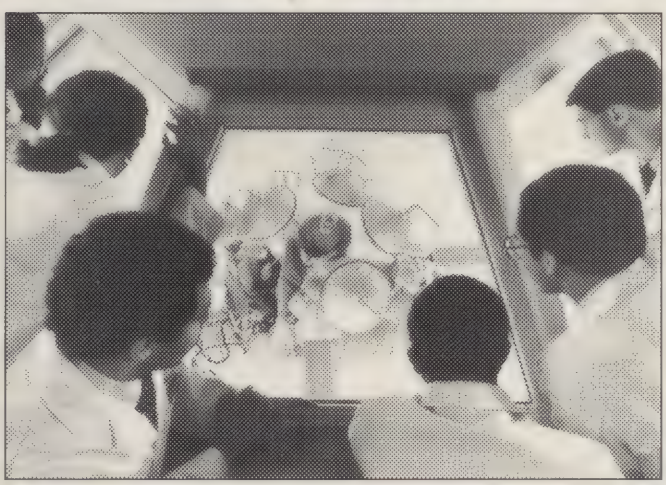
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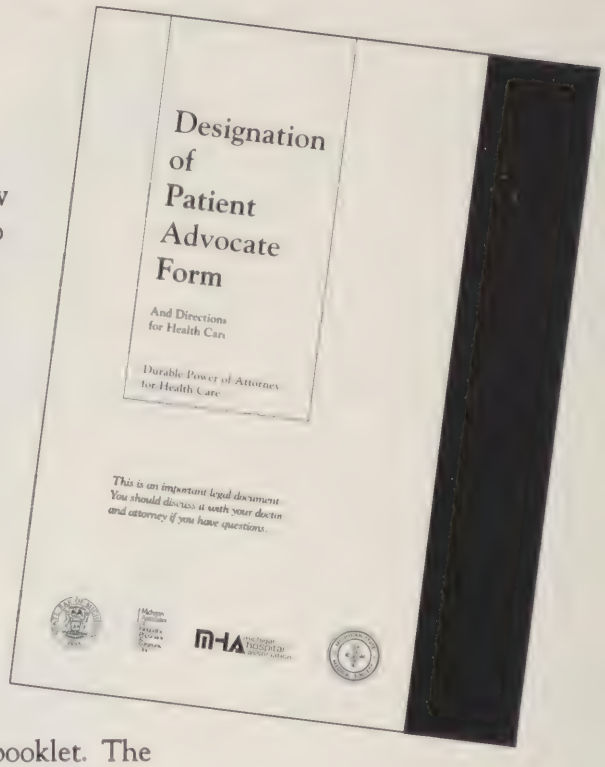
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The forms provide patients with the means to appoint a patient advocate to make health care decisions for them if they become incapacitated. Distribution of the document serves as a goodwill gesture that can demonstrate to patients how physicians are working to help them.

Designation Forms and accompanying brochures can be ordered through MSMS. Price is 40 cents for the pair when ordering 100 or more. Under 100, the price is 45 cents. Minimum order is 50.

The Designation Form is an eight page 8 1/2 by 11 booklet. The document is designed to be a "user friendly" form, particularly for older patients. The short patient brochure accompanying each form covers more detailed information about the new durable power of attorney law.

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Durable Power of Attorney for Health Care Order Form

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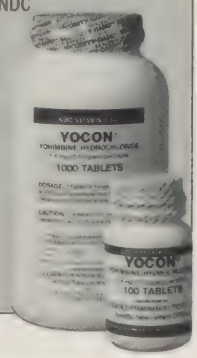
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References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

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PROGRAM DIRECTORS

Eduardo Phillips, M.D., F.A.C.S., F.I.C.S., Secretary/Treasurer, International College of Surgeons, Michigan Division, Chairman, Department of Surgery, Sinai Hospital, Detroit, MI, Clinical Assistant Professor of Surgery, Wayne State University, Detroit, MI

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GUEST SPEAKERS

David W. Rattner, M.D., F.A.C.S., Associate Visiting Surgeon, Massachusetts General Hospital, Associate Professor of Surgery, Harvard University, Boston, MA, **LECTURE:** Pancreatic Cancer - 1995: Are We Doing Any Better?

Ruth A. Decker, M.D., Instructor, Department of Surgery, Division of Endocrine Surgery, The University of Michigan Medical Center, Ann Arbor, MI, **LECTURE:** Progress in Genetic Testing of MEN2: Is Calcitonin Testing Obsolete?

Anthony Dardano, D.O., Surgical Resident, PGY-IV, Sinai Hospital, Detroit, MI, **LECTURE:** Glutathione Depletion Increases Permeability Across Vascular Endothelial Cells After Oxidant Stress

Jeffrey L. Ponsky, M.D., F.A.C.S., Director, Department of Surgery, The Mt. Sinai Medical Center, Professor of Surgery, Case Western Reserve University, School of Medicine, Cleveland, OH, **LECTURE:** Prevention and Management of the Complications of Laparoscopic Cholecystectomy

Frank Lewis, M.D., F.A.C.S., Chief, Dept. of Surgery, Henry Ford Hospital, Detroit, MI, Professor of Surgery, Case Western Reserve University, Cleveland, OH, **LECTURE:** New Diagnostic Modalities and Their Impact in Trauma

Robert A. Schmidt, M.D., Director of Mammography and Associate Professor of Radiology, University of Chicago Hospitals, Chicago, IL, **LECTURE:** Mammographic Screening for Breast Cancer: State of the Art and Alternative Biopsy Techniques

Edwin G. Wilkins, M.D., Assistant Professor of Surgery, Section of Plastic and Reconstructive Surgery, The University of Michigan, Ann Arbor, MI, **LECTURE:** Post Mastectomy Breast Reconstruction Outcomes Research

Georg F. Springer, M.D., D.Sc.hc., Professor & Head, Heather M. Bligh Cancer Research Laboratories, Finch University of Health Sciences, The Chicago Medical School, North Chicago, IL, **LECTURE:** T/Tn Antigen: Over 20 Years Experience of Early Immuno-Detection & -Therapy of Human Carcinoma

Nathan Kaufman, M.D., Chairman, Department of Radiation Oncology, Sinai Hospital, Detroit, MI, **LECTURE:** Brachytherapy for Breast and G.I. Cancers

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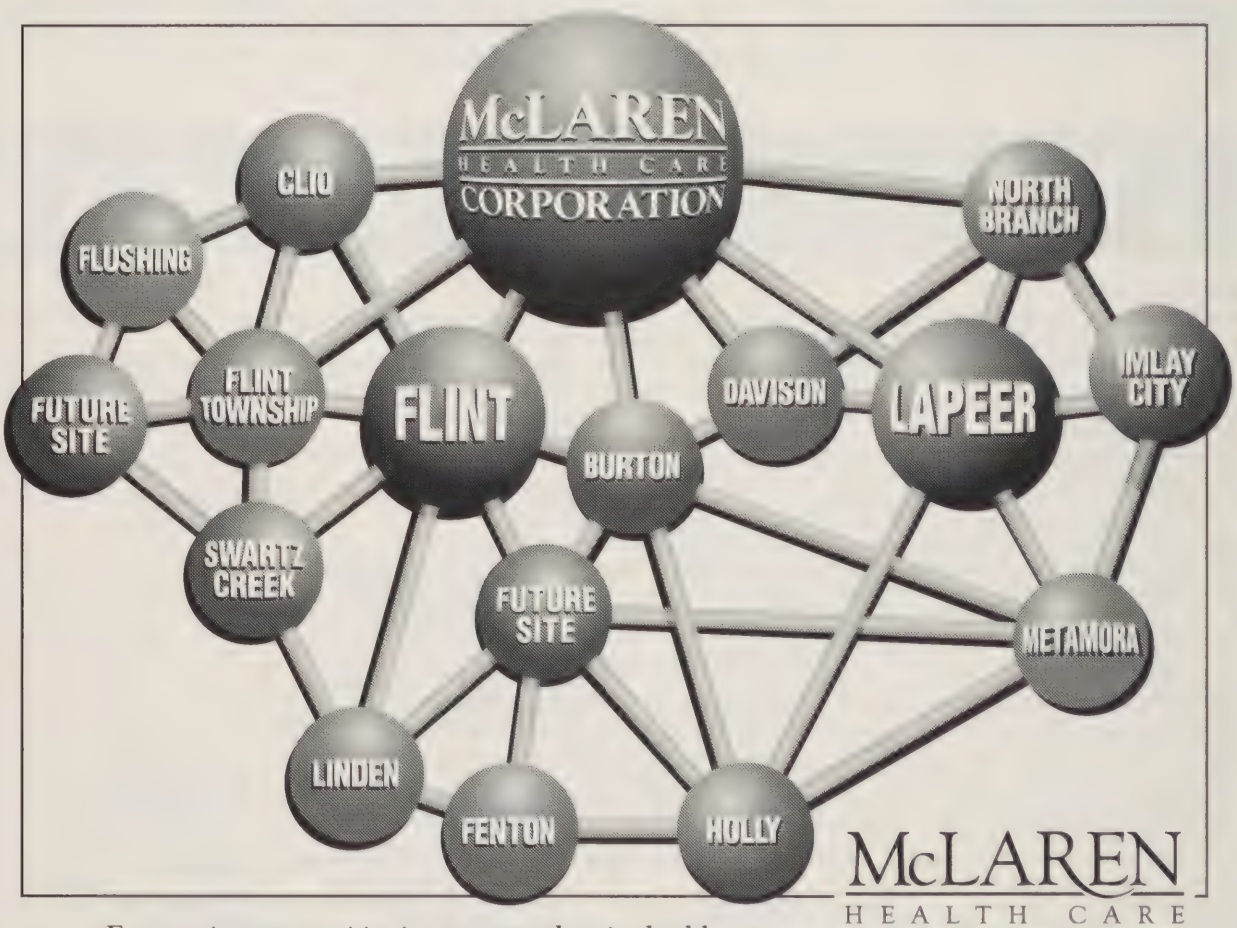
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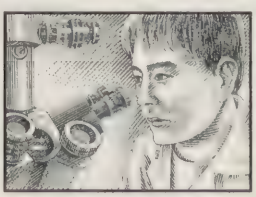
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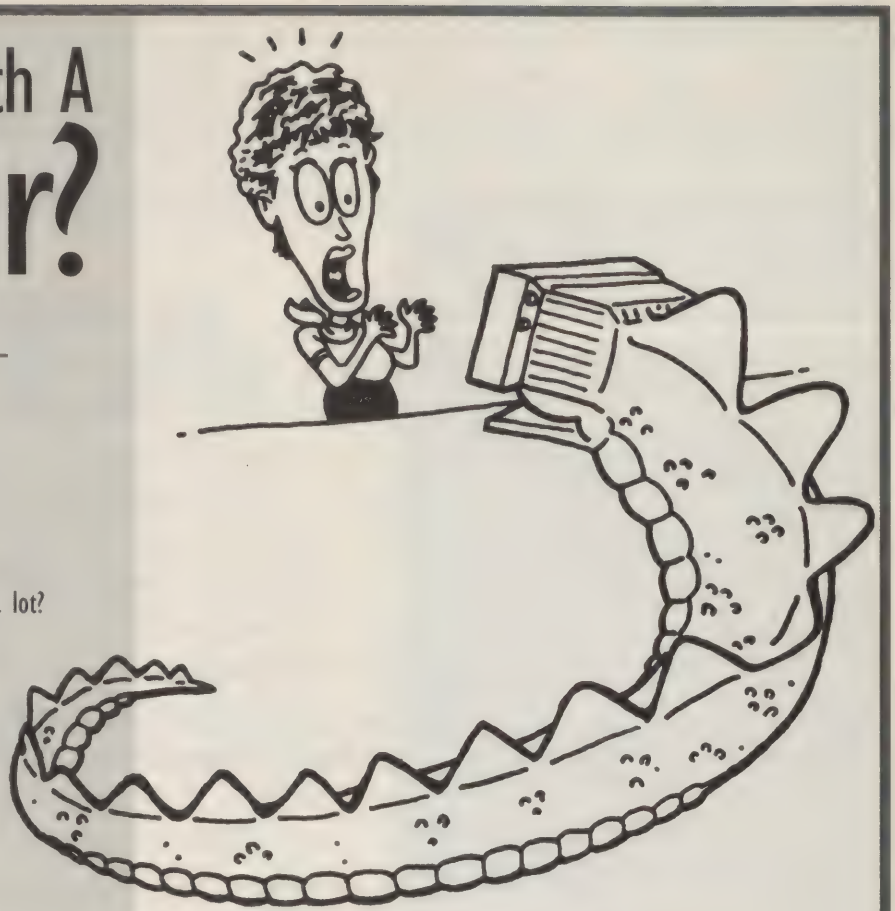
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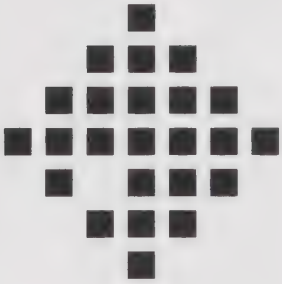
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MICHIGAN MEDICINE

FEBRUARY 1995 VOLUME 94, NO. 2

Award-Winning Journal of the Michigan State Medical Society

Cover Story

The Michigan State Medical Society is building a statewide patient-doctor coalition to develop support for introduction and passage of a Michigan Patient Protection Act (MPPA). This proposed legislation would enact specific safeguards for patients and their physicians participating in health insurance plans. This month's cover story outlines the principles of the MPPA, explains why the current environment makes such protections important, and provides specific details about the MPPA. MSMS members are encouraged to study the information provided and fax comments back to MSMS on the FaxBack form provided

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Politics '95: Grassroots involvement still key

With several 1994 political victories behind us, physicians must continue to stay involved in the issues. Find out how you can participate.

By Donna Welch LaGosh

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MD Data Report

This two-page report provides data and information on the latest socio-economic news. Included is a report on Medicare patients receiving differing hospital care.

By Julie Lester

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MSMS Alliance to celebrate "Medical Alliance Month"

The AMA has declared March as "Medical Alliance Month." The MSMS Alliance plans to celebrate the month by recognizing its year-long program aimed at gun safety awareness.

By Jennifer Anibal

In next month's issue:

POs: Responding to managed care.

Cover illustration by: *Robert L. Brent*

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King Will and the Foul Humours: A fable for reform

Take time to read this widely publicized fairy tale about health system reform as told by Robert E. McAfee, MD, AMA president, at the 48th Interim Meeting of the AMA House of Delegates last December.

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Sexual harassment in the medical workplace

This enlightening feature provides a plethora of information on how to raise awareness about sexual harassment in the medical workplace.

By Janice Werbinski, MD, FACOG

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Sexual harassment resource guide available from AMA

Included are guidelines for setting sexual harassment prevention and grievance procedures.

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The Michigan State Medical Society Committee on Publications is the editorial board of **Michigan Medicine** and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

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Michigan Medicine (ISSN 0026-2293) is the official journal of the Michigan State Medical Society, published under the direction of the Publications Committee. It is published 12 times per year on a monthly basis. Second class postage paid at East Lansing, Mich. and at additional mailing offices. Yearly subscription rate, $100.00 (includes weekly *Medigram* newsletter); single copies, $5.00. Printed in USA. All communications relative to articles, news and exchanges should be addressed to Betty McNerney, advertising to Pat Horan, and address changes to Kathy Hagen, Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950. Phone 517-337-1351. POSTMASTER: Send address changes to Michigan Medicine, P.O. Box 950, East Lansing, MI 48826-0950

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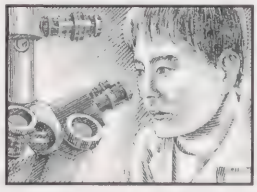
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Our annual reunion demonstrates what makes The James so special - our dedication to caring for your patients. You see, The Arthur G. James Cancer Hospital and Research Institute has a focused mission. To help people who have cancer and their families. So if you ever need to refer a cancer patient, you can be sure our primary interest is their good care.

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That is what makes The James a premier cancer facility. A place that can provide your cancer patients with the very best care available, the most advanced treatments and a profound level of compassion. We can also provide you with any treatment and referral information you need via the OSU Consult*Line*, **1-800-824-8236.** This service can give you access to our cancer physicians from 8 a.m. to 6 p.m. weekdays, and 24 hours a day, seven days a week, if an emergency should come up.

There are many reasons The James is so special. Here are just a few. But every year at our reunion, there are about 1,200 more.

THE OHIO STATE UNIVERSITY
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AND RESEARCH INSTITUTE

The Arthur G. James Cancer Hospital and Research Institute, Columbus, Ohio

THE JAMES

THE NEXT GENERATION OF HOPE

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MSMS ON THE MOVE

Preparing physicians for change

MSMS continues to build Michigan Patient Protection Coalition

With state lawmakers now back in Lansing for the new 1995-1996 legislative session, MSMS is working harder than ever to bring patient advocacy groups and doctors together to support introduction and passage of a Michigan Patient Protection Act. The proposed legislation would enact certain safeguards for patients and doctors participating in managed care organizations. Provisions include:

— Establishment of utilization review standards.

— Disclosure of information to the patient by the managed care organization about a patient's financial responsibility.

— Disclosure of credentialing information and standards to doctors by the managed care organization.

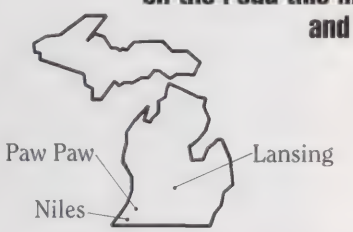
— Patient choice of type of coverage.

See this month's *Michigan Medicine* cover story for further details on this important health system reform issue. Also, watch *Medigram* for updates.

MSMS outcomes conference wins grant

MSMS recently was awarded a grant totalling $31,650 by the Michigan Health Care Education and Research Foundation (MHCERF). The monies will support an MSMS conference on outcomes research planned for this fall. MHCERF is the philanthropic affiliate of Blue Cross Blue Shield of Michigan, and an independent licensee of the Blue Cross Blue Shield Association. Call Julie Lester at MSMS at 517-336-5768 for further information.

"Making the Rounds" on the road this month and next



The successful MSMS and MPMLC "Making the Rounds" program will visit three Michigan hospitals this month and next. On the roster: Pawating Hospital in Niles on Feb. 2; Lake View Community Hospital in Paw Paw on Feb. 15; and Sparrow Health Systems in Lansing on March 7. The program brings MSMS, MPMLC and county medical society staff directly to hospital medical staffs so that doctors can get help and information on just about any topic. If you'd like this free program to visit your hospital medical staff, call Tom Plasman at MSMS at 517-336-5724 or Tom Wolff at MSMS at 517-336-5740.

1995 Medicare changes detailed in MSMS seminars

Two MSMS "Medicare Update" seminars this month will help doctors learn about 1995 changes. The sessions also will inform doctors about new documentation guidelines on evaluation and management codes developed in a joint effort between the AMA and the Health Care Financing Administration. Michigan Medicare Medical Director George R. Gerber, MD, with the Health Care Service Corporation, is the featured speaker. The updates are set for 6-9 p.m. Feb. 21 at the Amway Grand Plaza in Grand Rapids and Feb. 22 at the Ritz Carlton in Dearborn. Sessions also are being set for March. Call the MSMS Office of Physician Education at 517-336-5784 for details.

For details on these and other issues call William E. Madigan, Executive Director, MSMS, 517-337-1351.

Wisdom comes with age!

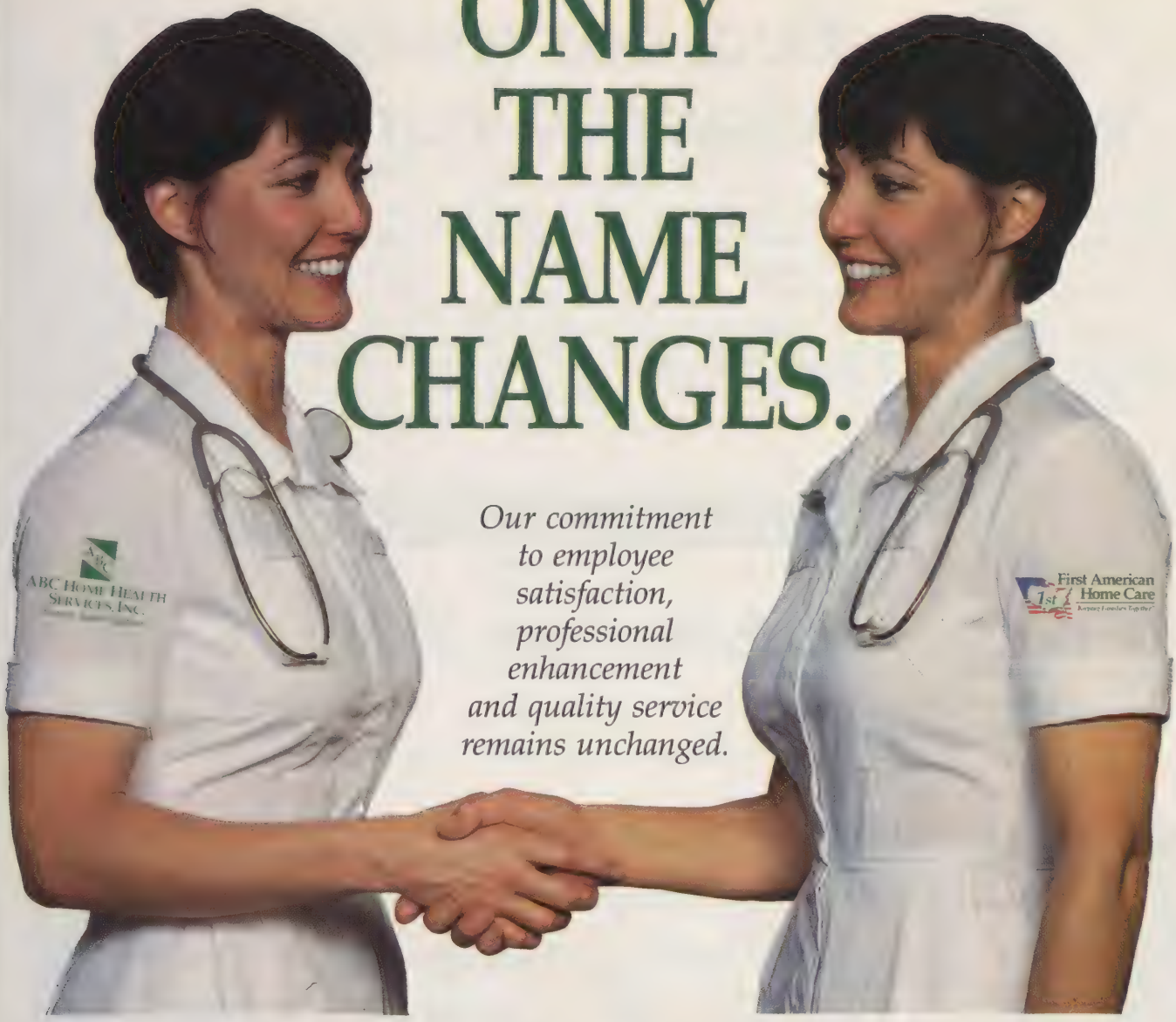
It only makes sense to protect your life savings, your assets and most importantly your loved ones. With the Long Term Care Plan from AMEX Life you can protect it all.

For more information on the AMEX Long Term Care Plan, Sponsored by the Michigan State Medical Society's Group Insurance Trust, call 1-800-748-0195.

Michigan State Medical Society
Group Insurance Trust



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Our commitment to employee satisfaction, professional enhancement and quality service remains unchanged.

ABC HOME HEALTH SERVICES, INC. is now FIRST AMERICAN HOME CARE

First American Home Care started in 1978 with a single home health agency as well as a strong conviction that patients could best recover in the security and comfort of their homes. As we grew, we attracted superior health care professionals who share in our values. Our employees have brought to our company a depth of management and medical expertise unmatched in the industry. They have made us the industry leader that we are today.

With strength, stability and an uncompromising commitment to quality, First American has developed into the nation's largest, privately-owned, Medicare-certified home health care provider. We have now changed our name to reflect this growth. First American Home Care is now located in 21 states from coast to coast, with over 400 home health agencies and 13,000+ of the nation's most talented professionals. Poised for the 21st century, we will continue to provide the finest home health services available...anywhere.

First American offers the resources of a large, national firm. Yet, locally based and community focused, we make a difference in the lives of people across America, as we continue to keep families together.

1st **First American Home Care**

"Keeping Families Together"®

To reflect our growth, we have changed our name.

We began in 1978 with a single home health agency as well as a strong commitment to maintaining health care costs and helping patients recover in the security and comfort of their own homes.

For over sixteen years, we grew, attracting and maintaining superior health care professionals who share in our commitments.

They brought to our company a depth of management and medical expertise unmatched in the industry.

Our company has proactively changed over time. With strength, stability and an uncompromising commitment to quality, we have developed into the nation's largest, privately-owned, Medicare-certified home health care agency.

ABC Home Health Services, Inc.

is now First American Home Care.



First American Home Care is in 21 states from coast to coast, with over 400 home health agencies and 13,000+ of the nation's most talented professionals.

First American offers the resources of a large, national firm. Yet, locally based and community focused, we make a difference in the lives of people across America as we continue to keep families together.

Now, stronger and more efficient than ever, we salute our employees. They have made us the industry leader that we are today. Poised for the 21st century, we will continue to provide the finest home health services available... anywhere.

1st First American Home Care

"Keeping Families Together"®

LETTERS

AMA president urges physicians to "give the gift of hope" in 1995

What can individual physicians do to help (stop the vicious cycle of domestic violence)? We can help support our patients' decisions to become survivors in 1995. We can give the gift of hope.

Here are some suggestions:

•Make 1995 a truly new year for a victim of domestic violence by giving financial support for counseling and advocacy services to your local shelter or community outreach service.

•Give gift certificates from supermarkets and discount stores to shelters and community outreach services. This helps them provide sheltered women and children with fresh milk, dairy products, produce, meat, shoes and needed household items all during the year. (The average shelter's milk bill for one month is $165 to $200.)

•Donate gift items like new clothing for women and children to the shelters; also unwrapped non-violent toys, books, and games. Most shelters will display these items so mothers can choose suitable ones for themselves and their children.

•Adopt a shelter. Shelters need bed linens, blankets, towels and washcloths all during the year. They will accept used items that are clean and in good condition. Linens for baby cribs, single and bunk beds top their list.

•Call your local battered women's shelter and ask what you can do to help.

Start collecting needed items and give the gift of hope. If you need assistance in locating shelters in your area, call (800) 777-1960 and ask the Family Violence Prevention Fund to send you its list of state coalitions. They will give you the telephone numbers of local shelters.

I thank you...for your strong support in the campaign to end family violence. Thank you, too, for joining me in taking another step down this long road. Physicians can do much to assure that shelters and family services are there to help us protect our patients from abuse. ■

Robert E. McAfee, MD
AMA President

Editor's note: The above statements are excerpts of a letter written by Doctor McAfee just prior to the new year.

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MSMS LEGAL BRIEFS



Editor's Note: If you have a legal question you would like answered by MSMS legal counsel in this column, jot it down and send it to Betty McNerney, Editor of Publications, P.O. Box 950, East Lansing, MI 48826-0950.

Pre-treatment of exculpatory agreements held invalid

By Richard D. Weber

In an issue of first impression in this state, the Michigan Court of Appeals reviewed the validity of an exculpatory agreement executed by a patient prior to receiving treatment. The Court held that the exculpatory agreement is invalid and unenforceable as against public policy *(Cudnik vs. William Beaumont Hospital, C.A. No. 156623).*

The patient plaintiff received post-operative radiation therapy at Beaumont Hospital after undergoing surgery for prostate cancer. Before receiving the radiation therapy, the plaintiff signed an informed consent which included the following paragraph:

> "Understanding all of the foregoing, I hereby release the physicians and staff of the Department of Radiation Oncology and William Beaumont Hospital from all suits, claims, liability, or demands of every kind and character which I or my heirs, executors, administrator's [sic] or assigns hereafter can, shall, or may have arising out of my participation in the radiation therapy treatment regimen."

Almost four years later, the plaintiff returned to Beaumont Hospital complaining of back discomfort and was diagnosed as suffering from a post-radiation ulcer burn at the site where he received the radiation therapy. A few months later, the patient died. A wrongful death medical malpractice case was commenced. The complaint alleged that the negligent administration of radiation therapy caused or contributed to the plaintiff's death. The trial court granted defendant's motion for summary disposition after concluding that the exculpatory agreement between the parties precluded plaintiff's claims. The Court of Appeals reversed the trial court and held that the exculpatory agreement was invalid and unenforceable as against public policy.

This decision presents no surprises. Pre-treatment exculpatory agreements in the delivery of medical care have never been considered enforceable in Michigan, notwithstanding the lack of clear judicial authority in this state. Perhaps the most significant aspect of the decision is that it has taken until November 7, 1994, for a Michigan appellate court to delineate this significant rule of law.

The Court of Appeals recognized that, as a general proposition, parties are free to enter into any contract at their will, provided that the particular contract does not violate the law or contravene public policy. The Court recognized a variety of settings in which exculpatory agreements or releases which absolve a party from liability for damages caused by a party's subsequent negligence were upheld. These included cases involving a festival event, a softball facility and a security alarm company. The Court recognized, however, that the overwhelming majority of other jurisdictions which have addressed this question relative to a medical malpractice claim have held that such agreements are invalid and unenforceable because medical treatment involves a particularly sensitive area of public interest. The Court of Appeals found that the agreement in this case fulfills all the relevant characteristics of a contract affecting the public interest. Hospitals and the medical profession are subject to public regulation. The performance of medical services is of great public importance and a matter of practical necessity for some people. The

defendant hospital holds itself out as willing to perform medical services to the public. The hospital possesses an advantage in bargaining strength and the contract presented by the hospital to the patient is a standard contract of exculpation without any provision for some type of protection against negligence. The patient placed himself under the control of defendant hospital, subject to the risk of carelessness by the hospital or its agents. For these reasons, the Court of Appeals found that the exculpatory agreement was contrary to public policy, constituted a contract of adhesion and was unenforceable.

The Court made clear that this decision covered only releases or covenants not to sue executed prior to treatment. The Court stated that, by its holding, it did not mean to intimate that all releases executed in cases of medical malpractice are invalid. The Court specifically stated that releases executed after initiation of suit, such as pursuant to a settlement, are valid and enforceable.

This decision presents no surprises. Pre-treatment exculpatory agreements in the delivery of medical care have never been considered enforceable in Michigan, notwithstanding the lack of clear judicial authority in this state. Perhaps the most significant aspect of the decision is that it has taken until November 7, 1994, for a Michigan appellate court to delineate this significant rule of law. ■

Mr. Weber is an attorney with Kerr, Russell & Weber, Detroit, and serves as MSMS legal counsel.

How to Negotiate Capitation Without Losing Your Head

8:30 a.m.- 12:00 Noon

and

The Nuts and Bolts of Managed Care Contracting

1:30 p.m.-4:30 p.m.

March 29 Dearborn, Ritz Carlton
May 17 Grand Rapids, Amway Grand Plaza Hotel
June 13 Flint, Holiday Inn

8:30 a.m.- 12:00 Noon With a large percentage of the population in Michigan under some form of managed care, many physicians will be asked to sign capitated contracts. Capitation is increasing faster than any other type of alternative payment system contract. Now, every specialty is "fair game" for capitation. In order to prepare you for capitation negotiations, this seminar will review the data necessary for capitation calculations, analyze sample formulas, discuss risks and incentives and perform capitation exercises.

Presented by: Philip L. Beard, *Pro STAT Resources Group*

1:30 p.m.-4:30 p.m. This half-day seminar will help physicians evaluate a managed care plan in terms of financial stability and strength. The seminar also will analyze the many legal issues to be aware of in managed care contracting and provide tips concerning how to successfully negotiate a fair managed care contract. In addition, the seminar will explore potential physician liability in the managed care setting. Finally, the seminar will discuss how to prepare your practice for managed care including issues of utilization review, quality assurance, credentialing, customer service, financial considerations and risk-sharing arrangements.

Presented by: Thomas Wolff, JD, *Chief, MSMS PO/PHO Development and Legal Affairs* and **James Aluia,** *Chief, MSMS Practice Management and PO Development*

Registration fee:
$115 Members/$165 Non-members for each half-day
$195 Members/$295 Non-members for full day
Telephone: 517-336-5776

Cancellation Policy
A 100 percent refund is provided if MSMS is notified 10 business days prior to the conference. Cancellations thereafter (up to the day of the seminar) receive a full refund less a $50 handling fee. No refunds will be given after the conference date without prior notification.

Michigan Patient Protection Act: Take time to study it and give us your feedback



By Jack L. Barry, MD

The time has come for physicians and patients to seriously consider a Michigan Patient Protection Act (MPPA).

The proposed MPPA melds physicians and patients in a common goal to protect our unique bond, a bond no health care plan should put asunder.

Conceptual highlights of the proposal include, among others, a requirement that health plans provide "upfront" information to patients about coverages and costs, that physicians have an opportunity to apply for participation in the health plan, and that utilization review be standardized.

Patients have been upset and angry about these and other friction points that could be smoothed by the MPPA. Patients often blame physicians or our staffs when they find their plan doesn't cover something. They are upset when their employer changes plans and yanks them from our care. Understandably, they are upset when they lose their voice and lose their choice.

The beauty of the MPPA is that it will require building a strong coalition of patient advocacy groups and physicians before we even start pushing for this type of legislation. This is the way it should be. Physicians and patients *should* be working together to fix what's wrong with health care delivery.

Certainly the MPPA would not be a panacea for all that ails our current health care system, but it is a beginning. We are seeking input from patient advocacy groups. But what is extremely important right now is input from you. Please look over this "draft" information about the Michigan Patient Protection Act and fax your comments to MSMS on the FaxBack form provided.

With your input, we can certainly develop a Michigan Patient Protection Act that will work to improve health care and help solidify the physician/patient relationship.

Doctor Barry is MSMS president.

Michigan Patient PROTECTION COALITION

Michigan Patient Protection Act:
A brief rundown of the provisions

The Michigan Patient Protection Act (MPPA) is proposed legislation that would enact certain safeguards for patients and health care providers participating in health care organizations. The MPPA includes the following provisions:

- Prior to a patient's enrollment, health plans must disclose to patients certain enumerated information, including a description of an enrollee's complete financial responsibility and any procedures that may lead the enrollee to be denied coverage for a particular service.
- Health plans must provide enrollees with a choice of point of service coverage, health maintenance organization or preferred provider organization coverage, a traditional insurance plan, or a benefit payment schedule plan.
- Health plans must maintain patient confidentiality unless authorized to disclose such information in writing by the patient.
- Payment for emergency services and care may generally not be denied.
- Health care providers must be given the opportunity to apply to a health care organization for participation. Organizations must disclose to providers credentialing standards and procedures.
- Credentialing must be based on quality and professional competency and not on unrelated economic criteria. Health care providers whose applications are denied or whose participation is terminated or not renewed have certain rights, including an appeal of such determinations.
- Health plans that place health care providers at financial risk must comply with certain standards.
- Reimbursement procedures are subject to regulation.
- Utilization review program standards are established. Determinations based on medical necessity or appropriateness must be made by a health care provider of the same medical branch and specialty as the health care provider who provided or seeks to provide the service. ■

Key Questions and Answers

Q: Is the Michigan Patient Protection Act (MPPA) a "any willing provider" bill?

A: Absolutely not. The MPPA would give physicians the opportunity to apply for participation in an insurance network but there would be no guarantee or requirement that an application would be approved. MSMS acknowledges that managed care plans may establish selection criteria that limit the number and specialty mix of physicians under contract to serve a given patient population.

Q: Will the MPPA undermine managed care?

A: No. In fact, strong patient protections will increase the public's comfort level with managed care arrangements. This is another example of insurance industry hyperbole. Many of the safeguards contained in the MPPA are consistent with previous commitments made by managed care representatives. In 1993, representatives of the Blue Cross and Blue Shield Association, CIGNA Corporation, the Health Insurance Association of America and the American Medical Association developed *Guidelines for the Conduct of Managed Care* governing disclosure policies, selective contracting and physician input/decision-making.

Insurance representatives **agreed** that patients should receive clear statements about services that are covered and excluded, patient out of pocket costs, and financial incentives that restrict or require the use of specific physicians or services.

The MPPA does include new requirements to provide patients with enrollee satisfaction data and the percentage of premium dollars spent on direct patient care.

Insurance representatives **agreed** that physician selection criteria should be based primarily on professional qualifications and quality of care.

Insurance representatives **agreed** that health plans should have an established mechanism to allow providers to appeal a decision to terminate a physician's participation for cause.

Insurance representatives **agreed** that health plans should have organized structures that allow participating physicians meaningful involvement in the development of modification of utilization review criteria and procedures and other policies affecting medical responsibility.

In 1989, the AMA, Blue Cross and Blue Shield Association and the Health Insurance Association of America developed *Guidelines for Health Benefits Administration*. Insurance representatives **agreed** that physicians and patients should receive a response on prior authorization requests within two business days.

Provisions of the MPPA are also consistent with the Group Health Association of America's *Proposed Standards for Health Plans Under Health Care Reform* (February, 1994).

Q: If insurance companies cannot terminate physicians without cause does this mean that a plan will have to retain doctors even if there is a decline in patient enrollees?

A: No. As noted earlier, the AMA has recognized that insurance plans may need a limited number of physicians to service its enrolled population. For example, the loss of a major employer contract

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or some other decline in patient enrollment would be just cause for reducing the number of participating physicians.

Q: Why do insurance companies want to be able to terminate physicians without cause?

A: Termination without cause enables insurance companies to hide the fact that many physicians are excluded from networks because their practice style puts patient health ahead of the plan's financial bottom-line. The mere threat of termination without cause gives insurance companies tremendous leverage to withhold appropriate medical services.

Q: The 20 percent limit on co-pays for patients utilizing a point of service option and seeking care "out of network" appears to provide little incentive to obtain treatment "in network." Will this payment structure undermine managed competition?

A: Patients selecting a point of service option would be responsible for an additional premium as well as co-payments of up to 20 percent. The 20 percent limit was selected to make the point of service option affordable for the majority of Americans. Allowing insurance companies to charge high co-pays would price freedom of choice beyond the reach of many Americans and make the point of service provision a "paper" option and not a real choice.

Q: Insurance companies claim that they shouldn't be required to disclose physician selection criteria because it is proprietary information. Why is it in the public interest to disclose this information?

A: This is another smokescreen. If managed care companies are establishing networks emphasizing quality of care, what is it that they are trying to hide? There are hundreds of consultants who have published articles and are advising various health plans on developing the optimum mix of physicians and other health professionals. There are no major trade secrets involved in establishing patient to physician ratios and the mix of specialists needed to care for an enrollee population. Insurance companies do not want public scrutiny of economic credentialing criteria that can penalize physicians for providing medically necessary services and reward health professionals who withhold care or under-utilize services. Patients should be aware of the criteria used to select network physicians. Without disclosure, physicians cannot possibly determine if they have been subject to discriminatory contracting practices.

Q: Will the disclosure of utilization review criteria enable some health professionals to "game the system" and increase the volume of services?

A: No, an effective safeguard known as practice profiling, which identifies "outliers" by company individual physician utilization rates to those of other doctors, will protect against any gaming. Disclosure of utilization review criteria will also provide an important quality safeguard because physicians will have more information about appropriate levels of care.

Q: Will the MPPA unleash a new torrent of litigation by physicians excluded from managed care networks?

A: Litigation is on the increase now because of current insurance industry practices. A major law suit was filed in Texas on behalf of physicians whose contracts were arbitrarily terminated by a large insurer. One of the physicians terminated had recently been named as "Physician of the Month" by this insurance company.

Compliance with provisions of the MPPA will strengthen the ability of insurance companies to present a successful defense against lawsuits. Efforts to provide due process and to prevent discriminatory business practices are a hallmark of our country. Qualified applicants should receive fair consideration.

Q: Will the requirement that a physician of the same specialty review payment denials or other adverse actions impose an unreasonable burden on managed care plans?

A: No. The Utilization Review Accreditation Commission (URAC) has established standards calling for physicians of the same specialty who are involved in the active practice of medicine to review adverse actions. The Medicare PRO Fourth Scope of Work requires that final quality determinations be made by reviewers of the same specialty and practice setting as the physician under review. This standard is also currently applied in hospital medical staff peer review cases. Too often individuals making utilization review determinations are retired physicians or have not been involved in direct patient care for many years. If managed care plans can establish an integrated network of physicians to cover a patient population, they have the personnel to create panels of participating physicians to review potential quality and utilization review problems. It would not be responsible to have a general practitioner making judgements about brain surgery.

Q: How will the choice provisions of the MPPA enhance competitive forces?

A: The MPPA will maximize patient choice in every area — choice of physician, choice of the health plan and choice of medical treatment. Giving patients choice ensures competition among physicians, other health care providers, delivery systems and insurers.

Choice provides freedom to consumers to tailor coverage to their budgets, willingness to take risks, and desire to participate in their medical decisions. Choice provides options for consumers to take their business elsewhere when they are not satisfied with the services of a physician or other provider. Efforts by consumers to find satisfaction within the health care system will stimulate effective market competition.

Q: Is the MPPA an anti-managed care bill?

A: No. On the contrary, the AMA and MSMS recommend that managed care plans be offered as one of the three types of insurance options.

Q: Why is it important to offer at least three types of insurance plans?

A: An oligopoly of managed care plans will have little to no incentive to be responsive to patient concerns. Each of the options called for in the MPPA has advantages and disadvantages. Giving individuals the opportunity and responsibility to make a wise prospective choice of financing mechanism will emphasize the strengths of each option and correct its weaknesses in order to appeal to the consumer — in effect, putting the patient in the driver's seat. ■

MPPA would enact specific safeguards for patients, physicians

-A primer

The Michigan State Medical Society is building a statewide patient-doctor coalition to develop support for introduction and passage of a MPPA. This proposed legislation would enact specific safeguards for patients and their physicians participating in health insurance plans. The following information is being shared with physicians and patient advocate groups around the state to explain the principles of the MPPA, why the current environment makes such protections important, and specifics details about the act.

Principals of Patient Protection

- Patients must be assured that they understand their plan's requirements and that treatment decisions are made in their best interest.
- Patient advocacy groups and physicians must have a strong voice in promoting these changes.

Health System Reform Stalled, But the Problems Still Exist

- As systems, insurance companies and managed care plans gain power, individual needs must be protected.
- MSMS holds that the patient and physician in partnership can make the best decisions about individual health care needs.

Health Care Plans

- **Traditional Insurance.**

_ Typically patients must reach a deductible before insurance pays.

_ Preventive care and office visits not usually covered.

_ Patient can choose from any physician that accepts that insurance plan.

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• **Health Maintenance Organizations.**
_ Provide a wide range of health care services for a prepaid payment.
_ Share risk and incentives with physicians.
_ Staff model, medical group model or individual practices.

• **Point of Service Plans.**
_ Enrollee can choose any provider.
_ Out of plan providers require patients to pay more out-of-pocket expenses.
_ Referrals and preadmission certification still required for out of plan care.

• **Preferred Provider Organizations.**
_ Insured person is encouraged to choose a contracted provider.
_ Out of pocket expenses less for a physician in the network.
_ Physicians paid discounted fees.

Problems in Other States

• In Texas, New Jersey, Missouri and the District of Columbia, physicians are being eliminated from networks, often without cause.
• When physicians are arbitrarily deselected, patients are unable to see their own physician.

What is the MPPA?

• An act to provide patients with information for making informed decisions about health care.
• An act which gives physicians the opportunity to apply for participation in a network, but is not a guarantee they will be accepted.

Elements of the MPPA

1. Disclosure to Patients
2. Confidentiality and Emergency Care Provisions
3. Provider Participation
4. Criteria for Participation
5. Finances and Reimbursement

Why Do We Need the MPPA?

• Patients are losing the ability to choose their own provider within managed care plans.
• Cost-cutting measures restrict the availability of services—both in managed care and in traditional insurance plans.

Disclose Information to Patients

• Must disclose prior to enrollment.
• Must describe patients financial responsibility.
• Must describe circumstances that may lead to denial of coverage for a particular service.

Open Process for Provider Participation

• Providers must be given opportunity to apply for participation.
• Standards and procedures for participation must be disclosed.

Confidentiality and Emergency Care Provisions

• Patient confidentiality.
• Release information only with written authorization from the patient.
• Payment for emergency services.
• Emergency services and care may generally not be denied.

Criteria for Participation

• Participation must be based on quality and professional competency, not on unrelated economic criteria.
• An appeal mechanism must be available for denials, terminations or non-renewals.

Finances and Reimbursement

• Plans that place providers at financial risk must comply with certain standards.
• Reimbursement procedures will be subject to regulation.

Building a Coalition to Protect Patients

• MSMS will work with patient advocate groups to introduce legislation that protects individuals.
• MSMS will educate the health care community and the public about the need for these provisions before widespread problems occur in Michigan.

Utilization Review Standards

• Determinations based on medical necessity or appropriateness.
• Person making determinations must be of the same medical field, practice setting and specialty as the one providing the service. ■

MICHIGAN STATE MEDICAL SOCIETY

FAX-BACK

Michigan Patient Protection Act

In order to help MSMS develop the best legislative package possible, please answer the following questions regarding the Michigan Patient Protection Act (MPPA) and fax (or mail) your responses back to MSMS.

1.) Do you support the provisions of the MPPA? If not, why? _____

_____

_____

_____

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_____

2.) What possible changes would you recommend to the MPPA? _____

_____

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_____

3.) Other comments _____

_____

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_____

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Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Fax this form to MSMS at (517) 337-2490, Attention: Greg Aronin. Or you may send it to: Michigan State Medical Society, Attention Greg Aronin, P.O. Box 950, East Lansing, MI 48826-0950. If you would like to further discuss the MPPA, contact Greg Aronin at (517) 336-5739. Thank you for your assistance regarding this very important issue.

Michigan Patient PROTECTION COALITION

In 1995, MSMS priorities will include ensuring that physicians have a voice and patients have a choice in health care reform.

MSMS will work toward legislative passage of a Michigan Patient Protection Act, a safeguard for both patients and doctors in health plans.

To accomplish this, MSMS has spearheaded the formation of the Michigan Patient Protection Coalition, a statewide network of advocacy and professional groups who support the ideals of quality, access and due process in health care.

The Coalition's work will be crucial to the success of this initiative, and it will be complemented by the work of MDPAC, the Michigan Doctors Political Action Committee. MDPAC is MSMS' bipartisan, unified voice that supports legislators who are supportive of issues important to you and your patients.

By joining MDPAC, you can make things happen in Lansing! Become a Regular, Sustaining or Family member, and become a grassroots participant in the legislative process. Please take a moment to fill out the form below, and mail it to MSMS with your MDPAC dues. Call Donna LaGosh at MSMS at 517-337-1351 for more information.

The MDPAC Membership Form

Annual Membership Dues: ❑ $225 Family Member ❑ $150 Sustaining Member ❑ $50 Regular Member

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Address: _____

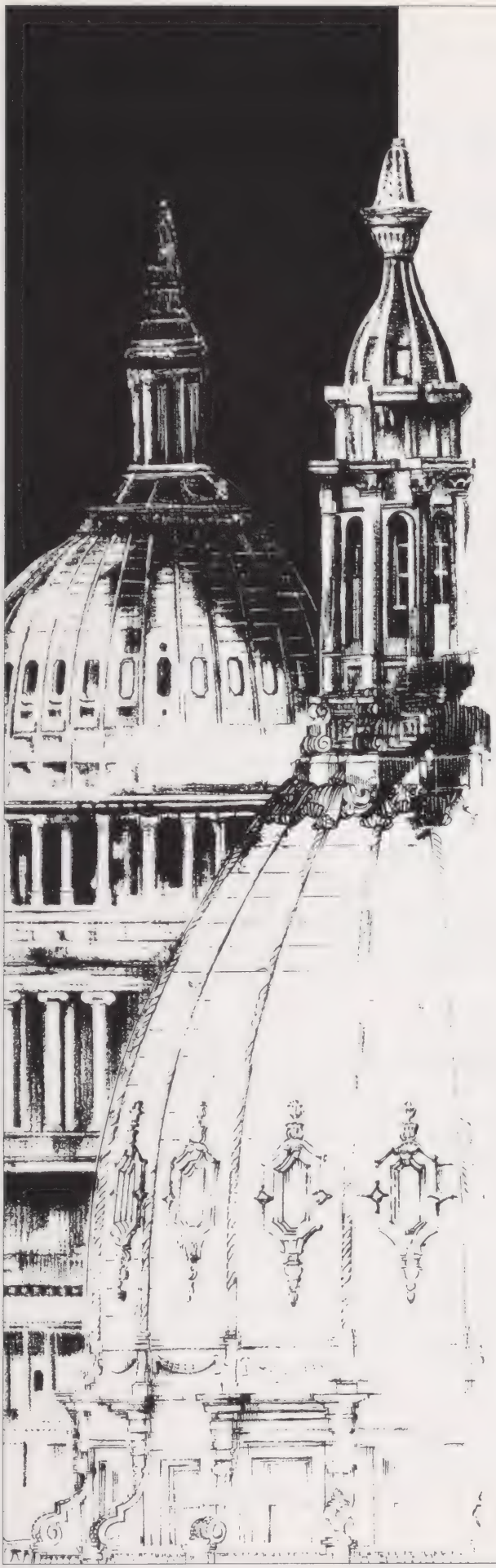
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Home Phone: (_____) _____ Office Phone: (_____) _____

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Politics '95: Get involved

By Donna Welch LaGosh

Michigan physicians should be proud of their 1994 victories in helping shape the makeup of our state and federal government. Now that we've elected so many good people to office, we must continue to move forward in furthering our goal of providing physicians with the best possible environment in which to practice quality health care. **Getting involved is the best and only way to achieve this goal.**

The medical community can meet the challenges of understanding and being a part of the political scene in Lansing and Washington by getting excited about how we can affect change or prevent poor legislation from becoming law. One of the most important ways to have a voice in government is to join the Michigan Doctors' Political Action Committee (MDPAC). Although we hear much in the media about the evils of lobbyists, political action committees, and special interest groups, not all politically active groups are the same animal. MDPAC has not been a slush fund for legislator donations, but a leader in grassroots political involvement at all levels.

MDPAC changed its policy of contributing to the Democratic and Republican caucuses because *physician members* wanted to decide which legislators should receive their assistance, not other legislators. Because of this decision, MDPAC had the resources in 1994 to organize and fund candidate interviews, grassroots fundraisers, letters of support for our endorsed candidates, and Get-Out-The-Vote activities for our friends. These activities earned respect for physicians and the interests they represent.

1995 is a new year with a continuation of the grassroots agenda MDPAC has so successfully created. And we absolutely need the support and participation of physicians and alliance members to make it work! So much was accomplished in 1994. So much more remains to be done in 1995. Our lobbying efforts at the Capitol and in Washington depend on *political* participation as well as educating our legislators on our issues. To join MDPAC for 1995, please call 517-336-5788.

As MSMS Managing Director Kevin A. Kelly has said so many times, "the world is run by those who show up." Nothing could be more true in politics. Your continued support is most important and very much appreciated. ■

Ms. LaGosh is chief of political affairs for MSMS.

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MSMS MD data

Data and Information for Physician Leaders

Michigan Medicine is pleased to introduce *MD Data,* a factsheet for physicians developed by the MSMS Department of Medical Economics and Health Care Delivery. This new feature, scheduled to appear every other month in *Michigan Medicine,* is designed to provide physicians concise and informative data on socioeconomic and health policy issues. For more information, contact Julie L. Lester, Chief of Health Care Research, at (517) 336-5768.

Tradeoffs in Quality and Access between Different Payment Systems

Prepaid managed care plans allow better access to care than fee for service plans, since copayments are small or nonexistent, and support increased coordination of care through a primary care physician, according to a study by the New England Medical Center, Tufts University and Harvard School of Public Health. However, managed care patients may receive less comprehensive care, experience less continuity with a physician, and wait longer to be seen than patients in fee for service (FFS) plans.

Fee for service patients face access barriers due to significant out of pocket expenses (deductibles and copayments), but experience higher continuity of care with a physician and have better access to specialists.

The study examined care given to 1,208 adult patients with chronic diseases from solo and group practice in three U.S. cities.

***Source**: Research Activities, Agency for Health Care Policy and Research, No. 177, August 1994, p. 1.*

Medicare Patients Receive Differing Hospital Care

Differences in the process of care at individual hospitals can be broken down along racial and socioeconomic lines, according to Katherine L. Kahn, MD, of RAND and the University of California-Los Angeles Department of Medicine. Findings from an examination of quality of care delivered to 9,932 Medicare patients who were hospitalized for congestive heart failure, heart attack, pneumonia, or stroke in 297 acute care hospitals in five states, reveal that overall there were no differences in process of care by race or poverty status. However, when individual hospital care was examined results showed significant care differences.

- Black patients and those from low socioeconomic backgrounds were not sicker at admission than others yet they remained in the hospital longer and were more likely to be released in unstable conditions.
- 47% of the black and poor patients categorized as very sick upon admission were put into intensive care immediately compared with 70% of other patients in that condition.

Continued on next page

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• Doctors and nurses conducted less thorough interviews and physical examinations with poor and black patients.

Researchers suggested that in addition to improved accessibility to care for blacks and poor patients, quality of care for these groups must be enhanced.

***Source** : Research Activities, Agency for Health Care Policy and Research, Number 176, July 1994, pp.1-2.*

Smoking and Insufficient Prenatal Care Affect Infant Birth Weight

Eight percent of all infant deaths in the United States in 1983 were attributed specifically to low birth weight. It is estimated that low birth weight white infants are about 42 times more likely to die in the first 4 weeks of life as white infants whose birth weights are normal. In addition, approximately 3.5 times as many low birth weight black infants die as white infants.

Additional information has surfaced on prenatal care and smoking, both long known factors affecting birth weight. Researchers at the Agency for Health Care Policy and Research found that the failure of women to continue prenatal care may reflect dissatisfaction of the prenatal care received rather than their reluctance to use care at all. And recently, Steven H. Fox, MD, MS, MPH, of the Center for Medical Effectiveness Research, Agency for Health Care Policy and Research, found in his study of 347,650 births during 1984 to 1988, that the effects of smoking on birth weight appear to increase steadily with maternal age. Findings also included that the lower birth weight of infants born to smoking mothers appears to be due primarily to retarded fetal growth rather than prematurity.

***Source**: Research Activities, Agency for Health Care Policy and Research, Number 177, August 1994, pp.3-4.*

HIV-Infected Patients May Not Get Needed Medicines

A recent study which surveyed state affiliates of the American Pharmaceutical Association (APhA) stated that one-fourth of the pharmacies reported that their state program limits the number of reimbursed drugs for Medicaid patients. Such state restrictions prove problematic for patients infected with the HIV virus because they affect the ability and willingness of pharmacists to dispense the often expensive medication needed by such patients. Low Medicaid payment levels for HIV-related drugs coupled with the high inventory costs of these expensive drugs often times discourages pharmacies from stocking and dispensing the medications. This proves additionally troublesome for HIV-infected individuals who have few, if any, alternative treatments.

***Source:** Research Activities, Agency for Health Care Policy and Research, Number 176, July 1994, pp.2-3.* ■



MSMS Alliance to celebrate "Medical Alliance Month"

Key theme will be gun awareness

By Jennifer Anibal

Through hundreds of health projects that address issues ranging from immunizations to gun safety awareness education in schools, state and county medical alliances and auxiliaries have shown their dedication to improving community health for decades.

For the first time, "Medical Alliance Month" will be celebrated in March, 1995. Spearheaded by the American Medical Association Alliance, with a membership of more than 60,000 physician spouses, "Medical Alliance Month" will provide medical alliances across the country an opportunity to celebrate their projects and seek public awareness for their many achievements.

The Michigan State Medical Society Alliance (MSMS-A) plans to celebrate "Medical Alliance Month" by recognizing its year-long program aimed at gun safety awareness among youth and parents. Last year, MSMS-A and the Michigan Legislature declared the third week of April as Gun Awareness Week. Also, three Michigan elementary school children were winners of the "Run, Don't Touch a Gun" MSMS-A poster contest awarded in May of 1994. Students were asked to draw a picture, write an essay, poem or letter telling a friend why he/she should not touch a gun. The contest is again being sponsored by MSMS-A in 1995.

As part of the "Medical Alliance Month" campaign, the MSMS-A award-winning Gun Awareness Week Poster will be distributed to elementary and middle schools throughout the state, as well as in physicians' offices and waiting rooms. "We will encourage the entire community to join the Alliance and MSMS in educating the public about safe gun habits in the home," says Trudy Ritter, MSMS-A president. "The major solution to the problem of unintentional gun injuries is prevention."

A Coalition for Gun Awareness Week 1995 has been established to promote the efforts of the Alliance. The Coalition is planning events to involve the entire community in Gun Awareness Week, beginning with a forum on April 12, 1995 at the Sheraton Oaks in Novi. "The focus of the Coalition is to increase the public's awareness of the need to protect our children from guns in the home that are not properly stored," states Velva Clark, MSMS-A Health Promotions chair. The Coalition's advisory council includes an interdisciplinary team from around the state.

The Alliance is also sponsoring the sale of "Medical Alliance Month" t-shirts for members to wear while promoting their efforts throughout their communities. The t-shirts will help the community recognize each Alliance member's involvement in health care projects and other volunteer efforts. Proceeds will be used for the state's health projects.

For more information, or to learn how you can become involved in "Medical Alliance Month" activities, contact Velva Clark at 810/737-2747 or MSMS-A headquarters at 517/336-7595. ■

Jennifer Anibal is executive secretary of MSMS-A.

King Will and the Foul Humours: A Fable for Reform

By Robert E. McAfee, MD
AMA President

Editor's Note: Following is a report given by Robert E. McAfee, MD, AMA president, at the 48th Interim Meeting of the AMA House of Delegates, December, 1994. This report was widely received by those who heard it and received extensive media coverage.

Ladies and gentlemen, over the course of the last two years, we've been asked to believe several fairy tales in the name of health system reform. So today, I'd ask your indulgence as I tell one last fairy tale.

I'd like to tell you the story of King Will and the Foul Humours.

Once upon a time, there were a King and Queen who lived in a big, white castle, surrounded by a big, black fence, that was regularly patrolled by knights wearing dark visors.

Before King Will had become King, he lived in the forest, where he took from the rich and gave to the poor. This made him quite popular — especially with the poor — but he mistook his popularity for wisdom, and no sooner had he moved into the white castle than he began searching throughout the Kingdom for problems to solve.

He said to the Queen: "Queen (for he always addressed her in this manner), "do you perceive any problems in the Kingdom that criest out for solutions?"

The Queen replied: "Are you kidding? The knighthood could use a little more diversity. The plague is making a comeback. And every time you take your exercise, you can't stay away from the butcher shop."

Now, the King ignored this last comment, but the problem of the plague seized his mind.

He knew that many of his subjects were unable to see the Wizards — those Doctors of Physics who ministered to the ill. All he knew was that the tithe for having their humours checked was rising faster than the Consumer Price Index.

But the King also knew that the magic of the Wizards was unsurpassed. Citizens from neighboring kingdoms would travel many leagues just to see

them. And the vast majority of his subjects were well contented with their system of care, and could see a Wizard almost whenever they wanted to.

The King mulled over his dilemma — he was famous for mulling and wonking — and finally, he came to a decision. So he said to the Queen: "It is up to us to give the people the health care they deserve."

Now a strange thing happened. The Queen might well have turned to the Wizards, who themselves had been discussing this problem and recommended remedies for many years. But instead, she summoned a noted sorcerer from a far away land, Ira of the Unruly Hair. And Ira gathered a legion of fellow sorcerers, and convened them in a secret Star Chamber, a place so dank and dark no light could enter or escape.

They labored while the Spring blossoms scented the trees. And they labored while the sun ripened the fruit on those trees. And they labored while the leaves on those trees began to fall to the earth. Then, one day the Queen sent a crier throughout the Kingdom to announce that Ira of the Unruly Hair had indeed produced a mighty plan and it would be wondrous to behold.

They gathered every beast of burden in the Kingdom, all the oxen and horses and mules, and they hitched them to the machine on which they had placed the great plan — for the plan was not only great in inspiration but great in size — and they hauled it to the big, white castle and presented it to King Will.

And King Will, who was chewing on the drumstick of a great wonk, placed his seal upon the plan.

Now, on a hill looking down on the white castle was a great hallowed hall with a round dome. And in that hall were knights of renown from every other castle in the Kingdom. They were divided roughly into two camps, and the shields of one camp bore the sign of the donkey, and the shields of the other the sign of the elephant.

It was these knights' job to decide the laws of the land, but in truth, most of their days were spent in their favorite sport, which was jousting. The leader of the donkeys, Sir George of the Land of Lobster, was one the most feared jousters. He said: "Let them bring us the plan of King Will, so we can make it the law of the land."

And the oxen and horses and mules began to haul the mighty plan from the white castle to the hall on the hill. But a hew and cry went up throughout the hall almost as great as during the debate over where the knights could tie up their horses.

The people will continue to receive the best care on Earth when they demand nothing less.

We wizards must never forget that we can deliver that care only if we're united in our vision, our voice and our leadership.

And the leader of the elephants, Sir Bobdole of the Land of Corn, who was famous for his skill with the lance, spoke: "Not so fast," said Sir Bobdole. "That plan has more fat than a roasted boar."

For it so happened that the donkeys and the elephants had opposing views on the health care of the people. The donkeys believed that the King and the knights should design the system, and decide what kind of training should be given to the Wizards and which Wizards the people could see. And the donkeys believed if the subjects would pay their tithe to them — they could fix the system.

But the elephants said the people were tithed too much and the money was wasted on things like midnight falconry. And they said the King and the great hall should stay out of it. And they accused the donkeys of being beholden to a knight of yore, Sir Franklin of the New Deal.

So the knights of the donkeys and the knights of the elephants devised their own plans: Sir George of the Land of Lobster, Sir Chafee of Rhodes, Sir Stark of Fortney, Sir Teddy of Camelot and others.

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But the champion of one plan, Sir Rosty of the Windy City, was injured when he was out delivering a gift to a subject and fell into a moat.

But these plans, too — five in all — were also placed on great machines and hauled out to be viewed by the people. And the knights returned to their jousting.

And now thick fog hid the sun, and thunder rent the air, and torrents of rain turned the land into mud, and the plans of King Will and all the plans of the great Hall got bogged down.

All the while the Wizards offered advice and counsel on the health of the people. And the people heard them and gave the Wizards their confidence. But the King and Queen and many in the Great Hall gave the people only the cold shoulder and the deaf ear.

Now there arose in the land a new evil that further threatened the health care of the people.

One day, five great dragons from the Kingdom of Insurers appeared in the sky, and encamped in every corner of the Kingdom. And on their wide wings were markings sinister and strange. One had what looked like the giant rock of Gibraltar. Another had what looked like a great umbrella of crimson. Still a third was marked with a small cartoon beagle.

People began to call them the Big Five, and they breathed fire, and made a bellowing that was terrible to hear, and were in general unmannerly. And they began making forays across the land, swooping down upon unsuspecting subjects and herding them into their own regions.

They swallowed up entire villages. And they plucked up select Wizards, and demanded that they tend only to the citizens they had corralled, and none other. And the citizens raised up a cry because they could no longer see the Wizards who had so carefully watched over them.

But as the dragon's plunder continued, their appetites, rather than be sated, grew only more ravenous. It was rumored that some dragons even tried to eat some of the others. And clouds darkened the sky and a great indigestion struck the bowels of the people, and they were so afraid.

Ladies and gentlemen, most fairy tales end with everyone living happily every after.

And for that to happen here, you might expect that a white knight would appear to slay the dragons and knock some sense into the King, the Queen and the knights of the hall on the hill.

But the ending to this story has yet to be written.

The great plans of the King and Queen and all the knights of the Hall got bogged down under their own weight. The wheels came off the machines, and all the King's horses and all the King's men, ...well, you're already familiar with that verse.

I believe we can write a Fairy Tale ending if we never forget that the true power of our magic is not what's under our hats, but what's in our hearts.

And as a result, many knights lost their shields and left the great hall forever — although most went on to join the newly formed Guild of Lobbyists. Some who remained were hoping to fix the Kingdom's health system by mixing up a special magic potion. Its main ingredient was Eye of Newt.

Most of the knights, however, just went back to their jousting.

As for King Will and his Queen, the whole experience was enough to make them wish they were back in their forest, in their house surrounded by rushing white water.

The King has recently taken to traveling to foreign lands. But he never misses a chance to remind the Queen that you just can't trust a sorcerer.

What remains are the Wizards and the people — the true heart and soul of any health care system.

The people will continue to receive the best care on Earth when they demand nothing less.

We wizards must never forget that we can deliver that care only if we're united in our vision, our voice and our leadership.

And, I believe we can write a Fairy Tale ending if we never forget that the true power of our magic is not what's under our hats, but what's in our hearts.

And for allowing me the privilege to be your chief wizard for a year — I thank you very much. ■

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Sexual Harassment in the Medical Workplace

By Janice Werbinski, MD, FACOG

Editor's Note: The following article is reprinted with the permission of Women's Health Forum, Soquel, CA, and the author.

Unfortunately, sexual harassment in the medical workplace is as common as in other settings. This article describes my experience in giving a presentation about sexual harassment to my medical colleagues, and provides information and resources to encourage others to raise awareness about this issue in their own workplaces.

I am a gynecologist on the staff of a fairly progressive hospital in the Midwest. In response to an employee survey that indicated concerns about sexual harassment, this hospital wanted to incorporate rules about harassment in the medical staff bylaws. The chief-of-staff, my favorite anesthesiologist, had listened to my comments in the operating room on several occasions, and asked if I would be willing to present a program about these issues at a general staff meeting. With some trepidation, I considered very carefully, and then agreed.

A local pediatrician had just completed a thesis on sexual harassment for his degree in physician management. This report included the statistics from our own employee survey. He was willing to share the podium and present these findings. Somewhat to my (and my female colleagues) surprise, the information was not only accepted, but, following the presentation, I received appreciative feedback from the medical staff. I was also asked to present the same program at a medical staff meeting in a neighboring town, and then to our county medical society.

My presentation had two parts. The first part emphasized the definition of harassment. As physicians arrived at the meeting, they received a handout, which included quotations from my female colleagues describing personal incidents that they felt represented harassment. Some of these had occurred during training, others in practice. This handout described the definition from a woman's viewpoint, and included several summaries of actual harassment cases which had been taken to court; most had been won by the plaintiff.

I also mentioned typical abuses of students and residents during medical training, which I knew most had experienced, noting that these also are forms of harassment.

To begin the talk, I encouraged the audience to develop a definition of sexual harassment through describing a conversation I recently had had with a male colleague at lunch. This colleague related a medical school incident of "hazing" and unfair treatment by an attending physician that was still bothering him twenty years later. I also mentioned typical abuses of students and residents during medical training, which I knew most had experienced, noting that these also are forms of harassment.

By this time I felt they had a good sense of the definition, and I began the second part, which was more didactic. Most of this material is outlined in *Sexual Harassment on the Job,* which is written by two attorneys.

I noted that harassment reflects domination rather than love or sex. Also, sexual harassment is hierarchical. The same man who is patting the fanny of the woman who works for him is *not* patting the fanny of the Attorney General.

Two types of harassment

Two types of harassment have been described:

- **Quid pro quo**: A threat of adverse employment action or a promise of favorable action if the employee participates in sexual activity.
- **Hostile environment**: Conduct in the workplace of a sexual nature, (touching, pin-ups, crude jokes) which occurs to such a degree that it would adversely affect the job performance of a "reasonable woman."

I then outlined three specific legal descriptions which I had researched: A Report of the Council on Ethical and Judicial Affairs published by the American Medical Association (adopted at the 1990 House of Delegates); CFR 1604.11a, 29 Code of Federal Regulations, which outlines the position the Equal Employment Opportunity Commission (EEOC) is to take in cases of alleged sexual harassment; and the Michigan State Statute. The AMA report defines harassment, and also describes its effect on the victim.

Next I reviewed the history of sex discrimination legislation since it was adopted as part of the 1964 Civil Rights Act. The Act established the EEOC, which later issued important regulations and guidelines on sexual harassment. (It is very interesting to note that Southern opponents of the Civil Rights Act added sexual discrimination to the original document in an attempt to scuttle the entire bill. However, since the Johnson Administration was determined to pass the bill, it decided not to oppose the addition.) The EEOC, however, took no action against sexual harassment until women became more vocal and demanded action. The first successful enforcement came in 1986, when a case (Meritor Savings Bank vs. Vinson, 447 U.S. 57, 1986) was appealed to the Supreme Court, which acknowledged the illegality of sexual harassment on the job.

Many surveys and studies have attempted to measure the incidence of sexual harassment in the workplace. Some of these include:

- 1982: Nursing Students in Baccalaureate Program 52 percent
- 1988: 10,648 Women Working for the Federal Government 52 percent
- 1988: Survey of Third-Year Medical Students 52 percent
- 1990: Survey of Massachusetts Chapter of AMWA 50 percent
- 1991: Poll by the National Association of Female Executives 53 percent
- 1992: AMA Opinion Poll of Women MDs (2,500 responses) 75 percent
- 1993: UCSF Poll of 133 Internal Medicine Residents/Interns 75 percent

Guidelines for harmony

Now that the definition, history, and incidence has been reviewed, I outlined guidelines to help men and women co-exist in more harmony (and within the confines of these laws) in the medical workplace:

1. Office romances are not unlawful, as long as the relationship is welcome by both employees.

2. Nothing in the law prevents dating, as long as it is done in a reasonable manner which respects a co-worker's dignity and wishes.

3. There are options to be friendly and personable without behaviors that are likely to offend workers of either gender. Ask yourself:

- Would you say or do it in front of your spouse or parents?
- Would you say or do it in front of a colleague of the same sex?
- How would you feel if your mother, wife, sister, or daughter were subjected to the same words or behavior?
- How would you feel if someone said or did the same things to you?
- Does it need to be said or done at all?

Two last handouts I provided were a statement describing "hallmarks of a good policy against harassment," and "recommendation for what one can and should do if they feel harassed" noted here:

Hallmarks of a good policy

1. A statement that sexual harassment will *not* be tolerated.
2. A definition of what behavior is prohibited.
3. A statement spelling out what action will be taken for offenders.
4. Guidelines on how to report harassment.
5. Provision of prompt and confidential investigations.
6. Provision that results will be made known to all parties involved.
7. A statement that a strong stand will be taken against retaliation.
8. Provision of training sessions and monitoring of offenders.

What you can and should do

1. CONTINUE to perform your job to the best of your ability.
2. DOCUMENT specific instances and examples of discriminatory acts; keep your own records (at home) as events occur.
3. SPEAK with your co-workers to determine if they have experienced similar treatment; if so, provide mutual support in seeking solutions.
4. CONSIDER the pros and cons of meeting with your supervisor to review discriminatory acts and request a resolution; provide a memo outlining the problem and the solution being sought.
5. WEIGH the advisability of seeking a remedy from the company's personnel department if your supervisor does not resolve the situation, or is the source of the discrimination.
6. SEEK employment elsewhere if your work environment becomes intolerable. It is your right to file a complaint against a former employer even though you no longer work there.
7. SEEK LEGAL REPRESENTATION from an attorney who specializes in civil rights cases (some attorneys will take such cases for a small fee and a percentage). You can find such an attorney through referral by a civil rights organization such as the

Continued on next page

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Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

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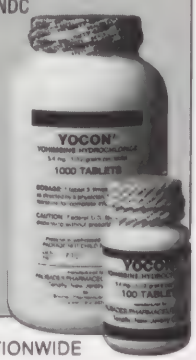
Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.



References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

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Continued from previous page

ACLU; a women's advocacy group such as NOW, city, county, or state bar associations, or other women who have had a successful sex discrimination suit. Contact WINGS (Women Involved in Giving Support), at (313) 693-0840.

I hope that this article is helpful to anyone dealing with, or asked to comment on harassment. We must not allow it to exist in our workplaces, and need to speak out to resolve and to prevent sexual harassment. ■

Doctor Werbinski is a Kalamazoo obstetrician/gynecologist and is a member of the MSMS Committee on Concerns of Women Physicians.

Sexual harassment guidelines available from the AMA

A 19-page report entitled, "Guidelines for Establishing Sexual Harassment Prevention and Grievance Procedures," is available from the American Medical Association.

Developed by the AMA Women in Medicine Advisory Panel and the AMA Office of the General Counsel, the guidelines are designed to help medical schools, residency programs and other institutions address issues of sexual harassment of medical students and physicians.

Studies have shown that incidences of sexual harassment of medical students and resident physicians are all too common. A 1988 survey on medical student "abuse" (Sheehan, Sheehan, White, Leibowitz, Baldwin, 1990) revealed that medical students perceive such mistreatment and misconduct as pervasive. The survey was administered to students of a third-year medical school class to determine the extent of professional mistreatment, such as sexual harassment, in medical school training. Forty-one percent of respondents were female. Eighty-one percent of them reported having been the object of sexual advances; nearly one-third felt they had been denied opportunities in their training because they were women; and forty-two percent claimed to have experienced "other forms of sexual discrimination." ■

For a copy of the AMA guidelines, call 1-800-262-3211.

Status Report:
Michigan Professional Credential Verification Service

With the strong support of the Michigan State Medical Society (MSMS), centralized credentials verification services for physicians and hospitals are becoming a reality. The time and effort imposed on physicians to complete numerous applications for hospital staff and managed care provider status motivates the need for a centralized service.

MSMS, with the cooperation of the Michigan Health and Hospital Association (MHHA), has played a major role in the establishment of Michigan Professional Credential Verification Services, Inc. (MPCVS). The new non-profit corporation was formed in 1992 as a response to the increasing need to refine and centralize credentialing procedures mandated by the Joint Commission and the new National Association of Quality Assurance (NCQA), the managed care accreditation organization. MSMS and MHHA jointly own the new corporation. Osteopathic physicians have representation on the governing board.

Since July of 1994, the MPCVS has been verifying physician credentials for physicians and hospitals in a demonstration mode to refine operating procedures and to gain experience in credentials verification. Currently, 13 hospitals are actively participating in the pilot program. The credentials of 74 physicians have been verified or are in the process of verification from primary sources. Other hospitals and managed care organizations are reviewing the services of the centralized facility. MPCVS also operates a licensing verification service through on-line access to the State of Michigan computerized licensing files. More than 80 hospitals and managed care organizations use this service to verify the current licensure status of physicians and allied health professionals.

The Joint Commission and the NCQA have designated the MPCVS as a primary source verifier. Once a physician's credentials have been verified by MPCVS, *from the primary sources,* MPCVS then becomes the primary source verifier for credentials verification requirements for subsequent applications that the physician may submit for staff privileges or managed care provider status. Subject to a signed release by the physician, his or her credentials documents may be released to a hospital or managed care organization by MPCVS without the requirement of contacting the original primary sources. To guard the confidentiality of individual physician documents, MPCVS has received legislative approval as a peer review entity under the Michigan Peer Review Statute. Physician records obtained and retained by MPCVS are immune from legal disclosure.

Physician residents who are MSMS members have a standing offer to have their credentials verified and stored by MPCVS *without charge.* All MSMS members are encouraged to consider having their credentials verified and retained by MPCVS at a $99 fee. ■

For more information on the MPCVS, contact Tom Bergeson at 1-800-688-1895, or Jim Tarrant, MSMS staff liaison to the MPCVS, at (517) 336-7591.

Watch future issues of Michigan Medicine for additional status reports on the MPCVS.

More than 800 copies already have been ordered

PO/PHO Case Study Report

Available from MSMS

A limited quantity of the PO/PHO case study report of eight POs/PHOs across the U.S. is still available. The report, developed by MSMS, AMA and two other state medical societies, examines many issues concerning PO/PHO development and operations including the role of the PO, the value of a sophisticated management information system and the importance of a strong medical management system. The report also contains a foreword by Paul Ellwood, MD, Director of the Jackson Hole Group.

> *"The American Medical Association, together with the Illinois State Medical Association, the Indiana State Medical Association and the Michigan State Medical Society, have done a tremendous job in bringing us this research which is timely, topical and provocative."*
>
> **-- Paul Ellwood, MD, Director**
> **Jackson Hole Group**

Yes! Please send me the PO/PHO Case Study Report.

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(517) 336-5776

FAX
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SPOTLIGHT

WAYNE COUNTY

Medical Society helps spearhead free health care program for Detroit public school students

By Tom Seely



Metropolitan Detroit Foundation for Health Education and the Wayne County Medical Society accept funding for their Webber School Clinic program from the Metro Health Council and the Michigan Health Care Education and Research Foundation. Pictured are, from left to right, Glenn Kossick, Kathleen Maslanka, Ira Strumwasser, Maryanne Udow, Joseph Beals, MD, Gail Stewart and Lillie Montague Tabor.

A program is now underway in the Detroit Public Schools offering free medical and dental screenings as well as nutritional education to students.

The Compact Schools project, spearheaded by the Wayne County Medical Society (WCMS), the Metropolitan Detroit Chamber of Commerce and other organizations, was organized to give the necessary care to students not having access to needed health care.

Webber School in Detroit (third through eighth grade), is being used as a model for the project. As more funds become available, the project will offer services to other schools in the Wayne County area. The next school targeted is McMichael Middle School. "We're excited that our idea looks like it's finally coming to fruition," says Joseph Beals, MD, chair of the Compact Schools Task Force.

"We still need money to maintain the equipment, but this is a start and hopefully more monies will come in. I think the people and principal at Webber School are excited," he says.

To be "on target" with the Compact Standards, a student must have: 95 percent attendance (no more than 10 days absent or 60 class periods); 97 percent punctuality (no more than five tardies to the first class of the day); a 2.0 cumulative grade point average, or 2.5 GPA in his senior year for community college and job readiness; 40th percentile or better on this year's CAT reading test; 40th percentile or better on this year's CAT math test; no major (category A or V) and no more than three minor (category B) violations of the student code of conduct; be drug free; make progress on teamwork and personal management skills checklist; achieve a "C" or better in the senior Compact class; have a cumulative 3.0 GPA for college readiness; and score 20 or better on the ACT for college readiness.

The Metro Health Foundation has provided $10,000 and the Michigan Health Care Education and Research Foundation has offered another $10,000 to help the project get off the ground. Delta Dental Foundation, which is composed of all the local dental societies, has donated $51,000 to be used for dental equipment.

Volunteers from the WCMS, pediatricians and dentists from Children's Hospital, and student nurses from the University of Detroit will participate in the project. Volunteers from Wayne State University's nutrition program also will offer health education to some 500 children at Webber School.

"We are trying to get physicians in Wayne County involved for the welfare of the people in this area of the state, especially the children," says Hassan Amirikia, MD, president-elect of the Wayne County Medical Society and past chair of the Task Force on the Compact School Project. "Many of these kids do not have a family doctor or dentist. This project provides them with these needed services."

If you would like to donate funds to the project, you may send them to: Metro Detroit Foundation for Health Education, 1010 Antietam Road, Detroit, MI 48207.

Individuals interested in serving on the Compact Schools Task Force or in volunteering may call Kathleen Maslanka, executive director, Wayne County Medical Society at (313) 567-1640. ■

Tom Seely is chief of physician outreach programs for MSMS. If you would like the activities of your county medical society featured in a future issue of Michigan Medicine, please contact Tom Seely at MSMS at 517-336-5770.

MSMS Members On the Move

Jason M. White, MD, is newly-elected president of the 800-member Michigan College of Emergency Physicians for 1994-95. Doctor White has been practicing emergency medicine at St. Mary's Medical Center, Saginaw, since 1984. At St. Mary's, he has served as chair of emergency medicine since 1986. He was the founding medical director of St. Mary's FlightCare air ambulance program and has been active in the education of paramedics, medical students and residents in emergency medicine. Doctor White is a graduate of the University of Michigan Medical School.

Jones Kumi, MD, senior staff member, Department of Infectious Disease, Henry Ford Hospital, and interim vice-president for Medical Affairs, Mercy Hospital, Detroit, has been appointed to the Therapeutics Committee of the AIDS Research Advisory Committee of the National Institute of Health (NIH). Doctor Kumi is a member of the Scientific Advisory Committee of the NIH's Community Program for Clinical Research on AIDS (CPCRA) as well as the Scientific Advisory Board of Henry Ford Hospital's CPCRA. He received his medical degree from the University of Heidelberg, West Germany.



Phil Vander Woude, MD, FACS, recently received a three-year appointment as Cancer Liaison Physician for the Hospital Cancer Program at Holland Community Hospital. The Cancer Liaison Program is an integral part of the Commission on Cancer of the American College of Surgeons. Doctor Woude is among a national network of over 2,000 volunteer Cancer Liaison Physicians who provide leadership and support to the Approvals Program, and other Commission on Cancer activities.

Michael R. Harbut, MD, MPH, was recently commended by Governor Engler for receiving the Life Extension Foundation's 1995 Humanitarian Award. Foundation Co-Chairman Gerald T. Harris and Rep. Tracey A. Yokich presented the award, as well as a resolution by the State House and Senate which noted Doctor Harbut's recent medical service to the people of Rwanda in the summer of 1994. Doctor Harbut is a physician at the Center for Occupational and Environmental Medicine, PC, Southfield, and is division chief, Department of Internal Medicine, Providence Hospital.



Jack Ryan, MD, FACPE, president and chief executive officer, Detroit Macomb Hospital Corp., is newly-elected president of the Detroit Academy of Medicine for 1994-95. Doctor Ryan is past chair of the Michigan Hospital Association.

Robert G. Narins, MD, division head, department of Nephrology and Hypertension, Henry Ford Hospital, is the first physician director of continuing medical education for the American Society of Nephrology (ASN). Doctor Narins will develop board review and certification courses as well as other projects suitable for continuing medical education in clinical science. This will include publications, workshops and conferences. Doctor Narins joined Henry Ford in 1991 after having served on the faculty of the University of Pennsylvania, University of California at Los Angeles, Harvard Medical School and Temple University School of Medicine in Philadelphia.



William Keye, MD, director of Reproductive Endocrinology and Infertility, William Beaumont Hospital, Royal Oak, is a newly-elected member of the Board of Directors of the American Society for Reproductive Medicine (ASRM) for a three-year term. A member of ASRM since 1979, Doctor Keye is president of the Michigan Society of Reproductive Endocrinology.

Nikolay Dimitrov, MD, Michigan State University professor of medicine and internationally renowned cancer researcher, is the recipient of the Jack Breslin Endowed Professorship in Hematology/Oncology. The professorship will strengthen cancer research, service and education programs at MSU and the communities it serves. It is named after long-time MSU administrator Jack Breslin. An MSU faculty member since 1975, Doctor Dimitrov is the hematology/oncology section chief in the College of Human Medicine's Department of Medicine. He also serves as deputy director of the Cancer Center at MSU.

Edwin M. Monsell, MD, PhD, an ear surgeon at Henry Ford Hospital, is one of 35 specialists nationwide to receive the American Academy of Otolaryngology-Head and Neck Surgery's Honor Award. The award recognizes those who have contributed service to the Academy such as a presentation of an instruction course or scientific paper or participation on a continuing education committee or faculty. Only 137 Academy members have received this award since 1934. Doctor Monsell also was recently named as a "Top Physician" in the field of Otology/Neurology in the 1994 edition of *The Best Doctors in American* book.



Richard E. Burney, MD, is the newly-elected president of the American Medical Peer Review Association. Doctor Burney is president of the Michigan Peer Review Organization and is a practicing surgeon and professor of surgery at the University of Michigan Medical Center, Ann Arbor.

Alexander J. Walt, MD, MS, FACS, is the 75th president of the American College of Surgeons. A general surgeon, Doctor Walt is distinquished professor of surgery at Wayne State University.



J. Brian Hancock, MD, FACEP, is the recipient of the Ronald L. Krome, MD, award for meritorious service in emergency medicine from the Michigan College of Emergency Physicians. This award, named after one of the founders of the specialty of emergency medicine, is presented annually by the board of directors of the College to a Michigan physician who is felt to have made outstanding contributions to the specialty within the state. Doctor Hancock practices emergency medicine at St. Mary's Medical Center, is EMS medical director of Saginaw County and is an associate clinical professor of medicine at the Michigan State University College of Human Medicine. ■

Sponsored by: Stratton, Cheeseman and Walsh, Administrators of the Michigan State Medical Society Group Insurance Programs

The following half-day Continuing Medical Education program is sponsored by Blue Cross Blue Shield of Michigan and presented by the staff members of Henry Ford Hospital, coordinated by the Division of Colon and Rectal Surgery, Department of Surgery.

Blue Cross Blue Shield of Michigan

"Colon and Rectal Cancer Symposium"

Saturday, March 11, 1995

Henry Ford Health System

Location

Blue Cross Blue Shield of Michigan
Metro Service Center – Auditorium
27000 W. Eleven Mile Road
Southfield, MI

Registration

Ms. Dolores Devyak
(313) 225-0163

Deadline for registration

March 3, 1995

This conference is open to all physicians, and there is no charge.

Purpose and Intended Audience

These presentations are sponsored by Blue Cross Blue Shield of Michigan and are designed to provide review and update of selected medical topics. The purpose of this meeting is to educate all physicians who care for and advise patients about colorectal neoplasms; early detection, disease management and possible preventive measures. The presentations are directed to enhance the knowledge base of the participants and update them on the latest developments in the diagnosis and treatment of colon and rectal cancers.

Objectives of the Symposium

At the conclusion of the program, the participant should be able to:

- Outline the role of screening and surveillance for colorectal neoplasms.
- Review the surgical options in the treatment of rectal cancer.
- Describe the role of surgery in the treatment of metastatic colorectal cancer.
- Discuss the multidisciplinary treatment of colorectal cancer.

Credit Hours

Blue Cross and Blue Shield of Michigan, an organization accredited by the Michigan State Medical Society Committee on CME Accreditation, certifies that this activity meets the criteria for a maximum of four (4) credit hours in Category I toward the requirements for Michigan relicensure and toward the Physician's Recognition Award of the AMA provided it is completed as designed.

AOA 1-A Credit sponsored by Pontiac Osteopathic Hospital.

Program Director

John J. Siller, M.D.
Associate Medical Director – Education
Blue Cross Blue Shield of Michigan

Moderator

Eric J. Szilagy, M.D.
Senior Staff, Division of Colon and Rectal Surgery
Department of Surgery
Henry Ford Hospital
Detroit, Michigan

Program Agenda

7:15 AM	**Registration & Continental Breakfast**
8:00 AM	**Welcome and Introduction** John J. Siller, M.D. **Moderator** Eric J. Szilagy, M.D.
8:10 AM	**Screening and Surveillance: Reducing the Risk of Developing Colorectal Cancer** Freda Arlow, M.D.
8:45 AM	**Colonic Polyps and Malignancy: Options for Treatment** John C. Eggenberger, M.D.
9:15 AM	**Sphincter Saving Surgery in Rectal Cancer** Eric J. Szilagy, M.D.
9:45 AM	**Chemotherapy and Colorectal Cancer** Ira Wollner, M.D.
10:15 AM	**Break**
10:30 AM	**Radiation Therapy and Colorectal Cancer** Munther Ajlouni, M.D.
11:00 AM	**Stoma Care and the Ostomy Patient** Ethel Pryor, M.S.N., R.N., C.E.T.N.
11:30 AM	**Surgical Management of Metastatic Colorectal Cancer** Cheryl Wesen, M.D.
12:00 PM	**Open Panel Discussion**
12:30 PM	**Adjourn**

Emergency message center (810) 350-5580

The views and opinions expressed by the speakers or panelists do not necessarily reflect those of BCBSM or current BCBSM medical policy.

BOARD OF MEDICINE ACTIONS

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate action and are reproduced verbatim from summaries prepared by the Michigan Department of Commerce, Office of Health Services.

Name: Henry D. Alkema, MD, 905 John Street, Kalamazoo, MI 49001
Action, Date Taken: By Order of the Kalamazoo County Circuit Court, the Final Order of the Board of Medicine dated 6-4-93 is Affirmed.
Reason: None available

Name: Glen W. Andrews, MD, Metro East Substance Abuse Treatment Corp., 8061 Harper, Detroit, MI 48213
Action, Date Taken: License Summarily Suspended, 11-21-94
Reason: Drug Related

Name: James J. Brown, MD, 838 Taylor, Detroit, MI 48202
Action, Date Taken: License Suspended - 6 months & 1 day, Fine $2,000.00, 01-05-95
Reason: Failure to Meet Continuing Education Requirements

Name: Joseph M. Chung, MD, 2562 Tuson Dr, Apt. 1A, Waterford, MI 48329
Action, Date Taken: Reclassified w/Unlimited License, 12-06-94
Reason: None available

Name: Robert R. DeSio, MD, 1847 Aberdeen, SE, Grand Rapids, MI 49505
Action, Date Taken: Reclassified w/unrestricted educational limited license
Reason: None available

Name: Patrick J. Greene, MD, 50 Glenbrook Road, Stamford, CT 06902
Action, Date Taken: License Summarily Suspended, 11-21-94
Reason: Sister State Disciplinary Action

Name: Ernesto C. Jaranilla, MD, 633 Baker, Rochester, MI 48307
Action, Date Taken: Probation, 05-09-94
Reason: C.E. Audit Violation

Name: Joel H. Mayer, MD, 214 E. College St., Kewanee, IL 61443
Action, Date Taken: License Limited, Probation 1 yr, 01-02-95
Reason: Mental-Physical Inability to Practice

Name: Nagaprasad B. Murthi, MD, 5640 W. Maple Road, Ste 204, West Bloomfield, MI 48322
Action, Date Taken: Probation, 04-29-94
Reason: C.E. Audit Violation
Name: Sunil P. Pandit, MD, 204 Ardussi Avenue, Saginaw, MI 48602
Action, Date Taken: License Suspended - 3 months, Fine $5,000.00, 01-11-95
Reason: Negligence

Name: William A. Scalf, MD, P.O. Box 1983, Grand Rapids, MI 49501
Action, Date Taken: License Suspended - 30 days, Fine $1,000.00, 12-02-04
Reason: Failure to Meet Continuing Education Requirements ■



Rural Health

18th Annual National Conference
National Rural Health Association
May 17–20, 1995
Atlanta, Georgia

OBITUARIES

Winona M. Barrows, MD
Portage

Winona M. Barrows, MD, a retired internist, died October 1, 1994. She was 85. A 1941 graduate of the University of Michigan Medical School, Doctor Barrows was affiliated with Southwestern Michigan Tuberculosis Sanatorium, where she served as acting director. She was a member of Kalamazoo Academy of Medicine and MSMS.

John C. Benson, MD
Grand Blanc

John C. Benson, MD, a retired general practitioner, died October 19, 1994. He was 78. A 1940 graduate of the University of Michigan Medical School, Doctor Benson was affiliated with McLaren and Hurley hospitals, and St. Joseph Hospital where he was a former chief-of-staff and member of the board of tustees. He was a member of Genesee County Medical Society and MSMS.

Mary Lou Byrd, MD
Grand Rapids

Mary Lou Byrd, MD, a retired anesthesiologist, died September 29, 1994. She was 83. A 1941 graduate of New York University College of Medicine, Doctor Byrd was affiliated with Butterworth Hospital. She was a member of the Kent County Medical Society and MSMS.

William S. Carpenter, MD
Detroit

William S. Carpenter, MD, a retired surgeon, died October 14, 1994. He was 81. A 1937 graduate of Northwestern University School of Medicine, Doctor Carpenter was affiliated with Mt. Carmel, Harper and Sinai hospitals. He served as clinical associate professor of surgery at the Wayne State University School of Medicine and was founder of the renal transplant program at Mt. Carmel Mercy Hospital. He was a member of Wayne County Medical Society and MSMS.

David E. Congdon, MD
Flint

David E. Congdon, MD, a pathologist, died November 4, 1994. He was 62. A 1961 graduate of the University of Michigan Medical School, Doctor Congdon was affiliated with Hurley Hospital. He was a member of Genesee County Medical Society and MSMS.

Gaius D. Clark, MD
Lansing

Gaius D. Clark, MD, a industrial practice specialist, died September 5, 1994 at the age of 61. A 1957 graduate of the Northwestern University School of Medicine, Doctor Clark was affiliated with Sparrow and St. Lawrence hospitals. He was a member of Ingham County Medical Society and MSMS.

Malcolm K. Dolbee, MD
Standish

Malcolm K. Dolbee, MD, a retired cardiologist, died October 26, 1994, at the age of 76. A 1943 graduate of the University of Michigan Medical School, Doctor Dolbee was affiliated with Standish Community, Mercy and General hospitals. He was a member of the Bay, Arenac & Iosco County Medical Society and MSMS.

Nils A. Franzen, MD
Ypsilanti

Nils A. Franzen, MD, a retired obstetrician, died January 18, 1993. He was 92. A 1937 graduate of the University of Minnesota School of Medicine, Doctor Franzen was affiliated with Mt. Carmel Mercy Hospital. He was a member of Wayne County Medical Society and MSMS.

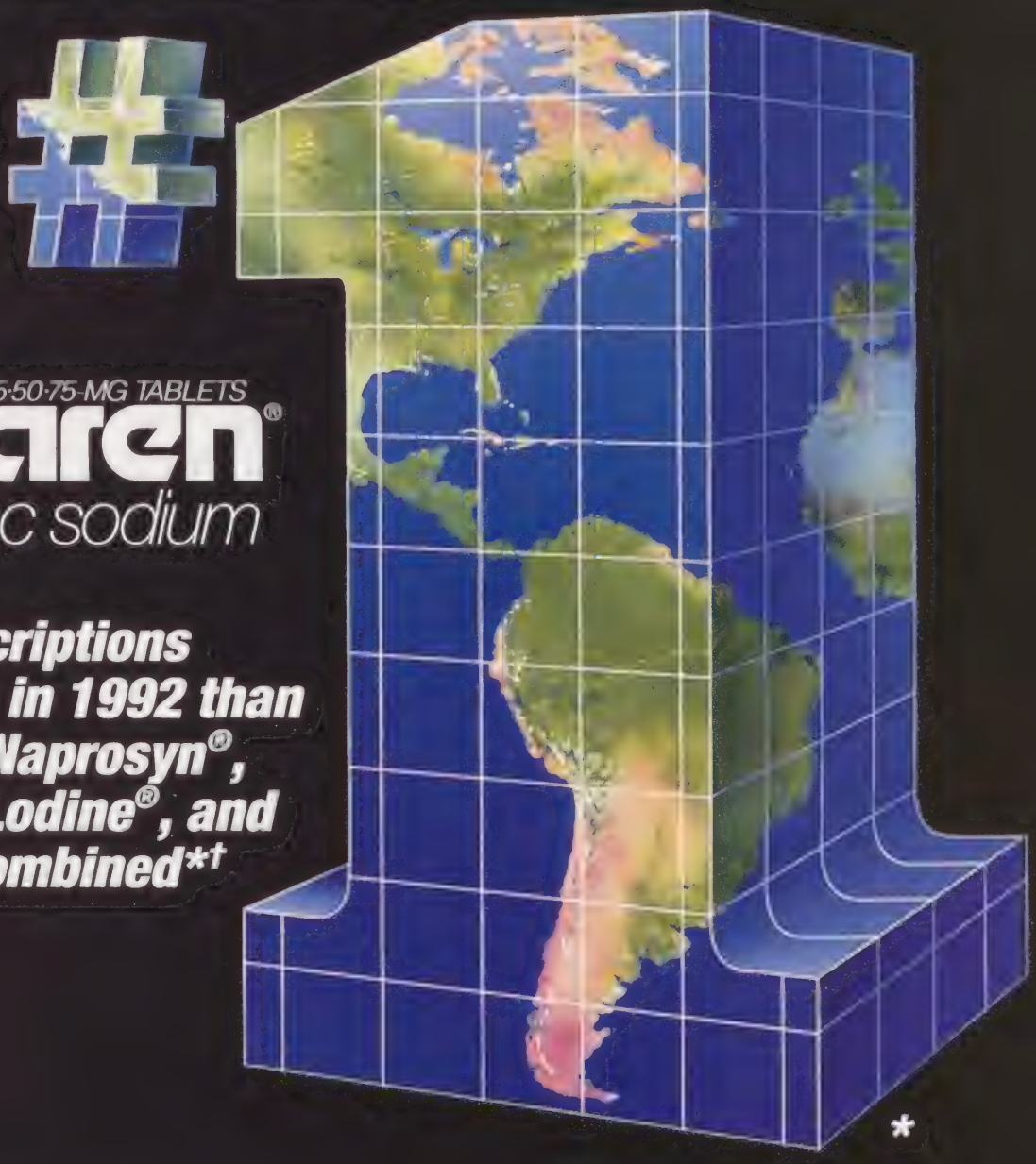
Aaron P. Gewanter, MD
Flint

Aaron P. Gewanter, MD, a retired pathologist, died in September of 1993. He was 80. A 1937 graduate of New York University College of Medicine, Doctor Gewanter was affiliated with Flint General Hospital. He was a member of the Genesee County Medical Society and MSMS. ■

Remember your colleagues and loved ones

There isn't a more lasting and rewarding way to remember your colleagues and loved ones then by making a contribution in their memory to the **MSMS Health Education Foundation.** Contributions made to the MSMS Health Education Foundation help support numerous worthwhile community-based projects, such as CPR training, parent respite centers and language disability centers. Decide today to honor your colleagues or loved ones by making a contribution to the Foundation. For more information contact Dawn M. Reha, Executive Secretary, 120 W. Saginaw, East Lansing, MI 48823, (517) 336-7589.

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Brief Summary (For full Prescribing Information, see Package Insert.)

INDICATIONS AND USAGE

Voltaren Delayed-Release or Cataflam Immediate-Release Tablets are indicated for the acute and chronic treatment of signs and symptoms of rheumatoid arthritis, osteoarthritis, and ankylosing spondylitis. Only Cataflam is indicated for the management of pain and primary dysmenorrhea, when prompt pain relief is desired, because it is formulated to provide earlier plasma concentrations of diclofenac (see CLINICAL PHARMACOLOGY, Pharmacokinetics and Clinical Studies).

CONTRAINDICATIONS

Diclofenac in either formulation, Voltaren or Cataflam, is contraindicated in patients with hypersensitivity to diclofenac. Diclofenac should not be given to patients who have experienced asthma, urticaria, or other allergic-type reactions after taking aspirin or other NSAIDs. Severe, rarely fatal, anaphylactic-like reactions to diclofenac have been reported in such patients.

WARNINGS

Gastrointestinal Effects

Peptic ulceration and gastrointestinal bleeding have been reported in patients receiving diclofenac. Physicians and patients should therefore remain alert for ulceration and bleeding in patients treated chronically with diclofenac even in the absence of previous G.I. tract symptoms. It is recommended that patients be maintained on the lowest dose of diclofenac possible, consistent with achieving a satisfactory therapeutic response.

Risk of G.I. Ulcerations, Bleeding, and Perforation with NSAID Therapy: Serious gastrointestinal toxicity such as bleeding, ulceration, and perforation can occur at any time, with or without warning symptoms, in patients treated chronically with NSAID therapy. Although minor upper gastrointestinal problems, such as dyspepsia, are common, usually developing early in therapy, physicians should remain alert for ulceration and bleeding in patients treated chronically with NSAIDs even in the absence of previous G.I. tract symptoms. In patients observed in clinical trials of several months to 2 years' duration, symptomatic upper G.I. ulcers, gross bleeding, or perforation appear to occur in approximately 1% of patients for 3-6 months, and in about 2%-4% of patients treated for 1 year. Physicians should inform patients about the signs and/or symptoms of serious G.I. toxicity and what steps to take if they occur.

Studies to date have not identified any subset of patients not at risk of developing peptic ulceration and bleeding. Except for a prior history of serious G.I. events and other risk factors known to be associated with peptic ulcer disease, such as alcoholism, smoking, etc., no risk factors (e.g., age, sex) have been associated with increased risk. Elderly or debilitated patients seem to tolerate ulceration or bleeding less well than other individuals, and most spontaneous reports of fatal G.I. events are in this population. Studies to date are inconclusive concerning the relative risk of various NSAIDs in causing such reactions. High doses of any NSAID probably carry a greater risk of these reactions, although controlled clinical trials showing this do not exist in most cases. In considering the use of relatively large doses (within the recommended dosage range), sufficient benefit should be anticipated to offset the potential increased risk of G.I. toxicity.

Hepatic Effects

As with other NSAIDs, elevations of one or more liver tests may occur during diclofenac therapy. These laboratory abnormalities may progress, may remain unchanged, or may be transient with continued therapy. Borderline elevations (i.e., less than 3 times the ULN [= the Upper Limit of the Normal range]), or greater elevations of transaminases occurred in about 15% of diclofenac-treated patients. Of the hepatic enzymes, ALT (SGPT) is the one recommended for the monitoring of liver injury.

In clinical trials, meaningful elevations (i.e., more than 3 times the ULN) of AST (SGOT) (ALT was not measured in all studies) occurred in about 2% of approximately 5700 patients at some time during Voltaren treatment. In a large, open, controlled trial, meaningful elevations of ALT and/or AST occurred in about 4% of 3700 patients treated for 2-6 months, including marked elevations (i.e., more than 8 times the ULN) in about 1% of the 3700 patients. In that open-label study, a higher incidence of borderline (less than 3 times the ULN), moderate (3-8 times the ULN), and marked (>8 times the ULN) elevations of ALT or AST was observed in patients receiving diclofenac when compared to other NSAIDs. Transaminase elevations were seen more frequently in patients with osteoarthritis than in those with rheumatoid arthritis (see ADVERSE REACTIONS).

In addition to the enzyme elevations seen in clinical trials, rare cases of severe hepatic reactions, including jaundice and fatal fulminant hepatitis, have been reported.

Physicians should measure transaminases periodically in patients receiving long-term therapy with diclofenac, because severe hepatotoxicity may develop without a prodrome of distinguishing symptoms. The optimum times for making the first and subsequent transaminase measurements are not known. In the largest U.S. trial (open-label) that involved 3700 patients monitored first at 8 weeks and 1200 patients monitored again at 24 weeks, almost all meaningful elevations in transaminases were detected before patients became symptomatic. In 42 of the 51 patients in all trials who developed marked transaminase elevations, abnormal tests occurred during the first 2 months of therapy with diclofenac. Based on this experience, if diclofenac is used chronically, the first transaminase measurement should be made no later than 8 weeks after the start of diclofenac treatment. As with other NSAIDs, if abnormal liver tests persist or worsen, if clinical signs and/or symptoms consistent with liver disease develop, or if systemic manifestations occur (e.g., eosinophilia, rash, etc.), diclofenac should be discontinued.

To minimize the possibility that hepatic injury will become severe between transaminase measurements, physicians should inform patients of the warning signs and symptoms of hepatotoxicity (e.g., nausea, fatigue, lethargy, pruritus, jaundice, right upper quadrant tenderness, and "flu-like" symptoms), and the appropriate action patients should take if these signs and symptoms appear.

PRECAUTIONS

General

Allergic Reactions: As with other NSAIDs, allergic reactions including anaphylaxis have been reported with diclofenac. Specific allergic manifestations consisting of swelling of eyelids, lips, pharynx, and larynx; urticaria; asthma; and bronchospasm, sometimes with a concomitant fall in blood pressure (severe at times) have been observed in clinical trials and/or the marketing experience with diclofenac. Anaphylaxis has rarely been reported from foreign sources; in U.S. clinical trials with diclofenac in over 6000 patients, 1 case of anaphylaxis was reported. In controlled clinical trials, allergic reactions have been observed at an incidence of 0.5%. These reactions can occur without prior exposure to the drug.

Fluid Retention and Edema: Fluid retention and edema have been observed in some patients taking diclofenac. Therefore, as with other NSAIDs, diclofenac should be used with caution in patients with a history of cardiac decompensation, hypertension, or other conditions predisposing to fluid retention.

Renal Effects: As a class, NSAIDs have been associated with renal papillary necrosis and other abnormal renal pathology in long-term administration to animals. In oral diclofenac studies in animals, some evidence of renal toxicity was noted. Isolated incidents of papillary necrosis were observed in a few animals at high doses (20-120 mg/kg) in several baboon subacute studies. In patients treated with diclofenac, rare cases of interstitial nephritis and papillary necrosis have been reported (see ADVERSE REACTIONS).

A second form of renal toxicity, generally associated with NSAIDs, is seen in patients with conditions leading to a reduction in renal blood flow or blood volume, where renal prostaglandins have a supportive role in the maintenance of renal perfusion. In these patients, administration of an NSAID results in a dose-dependent decrease in prostaglandin synthesis and, secondarily, in a reduction of renal blood flow, which may precipitate overt renal failure. Patients at greatest risk of this reaction are those with impaired renal function, heart failure, liver dysfunction, those taking diuretics, and the elderly. Discontinuation of NSAID therapy is typically followed by recovery to the pretreatment state.

Cases of significant renal failure in patients receiving diclofenac have been reported from marketing experience, but were not observed in over 4000 patients in clinical trials during which serum creatinine and BUN values were followed serially. There were only 11 patients (0.3%) whose serum creatinine and concurrent serum BUN values were greater than 2.0 mg/dL and 40 mg/dL, respectively, while on diclofenac (mean rise in the 11 patients: creatinine 2.3 mg/dL and BUN 28.4 mg/dL).

Since diclofenac metabolites are eliminated primarily by the kidneys, patients with significantly impaired renal function should be more closely monitored than subjects with normal renal function.

Porphyria: The use of diclofenac in patients with hepatic porphyria should be avoided. To date, 1 patient has been described in whom diclofenac probably triggered a clinical attack of porphyria. The postulated mechanism, demonstrated in rats, for causing such attacks by diclofenac, as well as some other NSAIDs, is through stimulation of the porphyrin precursor delta-aminolevulinic acid (ALA).

Information for Patients

Diclofenac, like other drugs of its class, is not free of side effects. The side effects of these drugs can cause discomfort and, rarely, there are more serious side effects, such as gastrointestinal bleeding, and more rarely, liver toxicity (see WARNINGS, Hepatic Effects), which may result in hospitalization and even fatal outcomes.

NSAIDs are often essential agents in the management of arthritis and have a major role in the management of pain, but they also may be commonly employed for conditions that are less serious.

Physicians may wish to discuss with their patients the potential risks (see WARNINGS, PRECAUTIONS, and ADVERSE REACTIONS) and likely benefits of NSAID treatment, particularly when the drugs are used for less serious conditions where treatment without NSAIDs may represent an acceptable alternative to both the patient and physician.

Laboratory Tests

Because serious G.I. tract ulceration and bleeding can occur without warning symptoms, physicians should follow chronically treated patients for the signs and symptoms of ulceration and bleeding and should inform them of the importance of this follow-up (see WARNINGS, *Risk of G.I. Ulcerations, Bleeding, and Perforation with NSAID Therapy*). If diclofenac is used chronically, patients should also be instructed to report any signs and symptoms that might be due to hepatotoxicity of diclofenac; these symptoms may become evident between visits when periodic liver laboratory tests are performed (see WARNINGS, Hepatic Effects).

Drug Interactions

Aspirin: Concomitant administration of diclofenac and aspirin is not recommended because diclofenac is displaced from its binding sites during the concomitant administration of aspirin, resulting in lower plasma concentrations, peak plasma levels, and AUC values.

Anticoagulants: While studies have not shown diclofenac to interact with anticoagulants of the warfarin type, caution should be exercised, nonetheless, since interactions have been seen with other NSAIDs. Because prostaglandins play an important role in hemostasis, and NSAIDs affect platelet function as well, concurrent therapy with all NSAIDs, including diclofenac, and warfarin requires close monitoring of patients to be certain that no change in their anticoagulant dosage is required.

Digoxin, Methotrexate, Cyclosporine: Diclofenac, like other NSAIDs, may affect renal prostaglandins and increase the toxicity of certain drugs. Ingestion of diclofenac may increase serum concentrations of digoxin and methotrexate and increase cyclosporine's nephrotoxicity. Patients who begin taking diclofenac or who increase their diclofenac dose or any other NSAID while taking digoxin, methotrexate, or cyclosporine may develop toxicity characteristics for these drugs. They should be observed closely, particularly if renal function is impaired. In the case of digoxin, serum levels should be monitored.

Lithium: Diclofenac decreases lithium renal clearance and increases lithium plasma levels. In patients taking diclofenac and lithium concomitantly, lithium toxicity may develop.

Oral Hypoglycemics: Diclofenac does not alter glucose metabolism in normal subjects nor does it alter the effects of oral hypoglycemic agents. There are rare reports, however, from marketing experiences of changes in effects of insulin or oral hypoglycemic agents in the presence of diclofenac that necessitated changes in the doses of such agents. Both hypo- and hyperglycemic effects have been reported. A direct causal relationship has not been established, but physicians should consider the possibility that diclofenac may alter a diabetic patient's response to insulin or oral hypoglycemic agents.

Diuretics: Diclofenac and other NSAIDs can inhibit the activity of diuretics. Concomitant treatment with potassium-sparing diuretics may be associated with increased serum potassium levels.

Other Drugs: In small groups of patients (7-10/interaction study), the concomitant administration of azathioprine, gold, chloroquine, D-penicillamine, prednisolone, doxycycline, or digitoxin did not significantly affect the peak levels and AUC values of diclofenac.

Protein Binding

In vitro, diclofenac interferes minimally or not at all with the protein binding of salicylic acid (20% decrease in binding), tolbutamide, prednisolone (10% decrease in binding), or warfarin. Benzylpenicillin, ampicillin, oxacillin, chlortetracycline, doxycycline, cephalothin, erythromycin, and sulfamethoxazole had no influence in vitro on the protein binding of diclofenac in human serum.

Drug/Laboratory Test Interactions

Effect on Blood Coagulation: Diclofenac increases platelet aggregation time but does not affect bleeding time, plasma thrombin clotting time, plasma fibrinogen, or factors V and VII to XII. Statistically significant changes in prothrombin and partial thromboplastin times have been reported in normal volunteers. The mean changes were observed to be less than 1 second in both instances, however, and are unlikely to be clinically important. Diclofenac is a prostaglandin synthetase inhibitor, however, and all drugs that inhibit prostaglandin synthesis interfere with platelet function to some degree, therefore, patients who may be adversely affected by such an action should be carefully observed.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Long-term carcinogenicity studies in rats given diclofenac sodium up to 2 mg/kg/day or (12 mg/m^2/day approximately the human dose) have revealed no significant increases in tumor incidence. There was a slight increase in benign mammary fibroadenomas in mid-dose-treated (0.5 mg/kg/day or 3 mg/m^2/day) female rats (high-dose females had excessive mortality), but the increase was not significant for this common rat tumor. A 2-year carcinogenicity study conducted in mice employing diclofenac sodium at doses up to 0.3 mg/kg/day (0.9 mg/m^2/day) in males and 1 mg/kg/day (3 mg/m^2/day) in females did not reveal any oncogenic potential. Diclofenac sodium did not show mutagenic activity in in vitro point-mutation assays in mammalian (mouse lymphoma) and microbial (yeast, Ames) test systems and was nonmutagenic in several mammalian in vitro and in vivo tests, including dominant lethal and male germinal epithelial chromosomal studies in mice, and nucleus anomaly and chromosomal aberration studies in Chinese hamsters. Diclofenac sodium administered to male and female rats at 4 mg/kg/day (24 mg/m^2/day) did not affect fertility.

Teratogenic Effects

There are no adequate and well-controlled studies in pregnant women. Diclofenac should be used during pregnancy only if the benefits to the mother justify the potential risk to the fetus.

Pregnancy Category B: Reproduction studies have been performed in mice given diclofenac sodium (up to 20 mg/kg/day or 60 mg/m^2/day) and in rats and rabbits given diclofenac sodium (up to 10 mg/kg/day or 60 mg/m^2/day for rats, and 80 mg/m^2/day for rabbits), and have revealed no evidence of teratogenicity despite the induction of maternal toxicity and fetal toxicity. In rats, maternally toxic doses were associated with dystocia, prolonged gestation, reduced fetal weights and growth, and reduced fetal survival. Diclofenac has been shown to cross the placental barrier in mice and rats.

Labor and Delivery

The effects of diclofenac on labor and delivery in pregnant women are unknown. Because of the known effects of prostaglandin-inhibiting drugs on the fetal cardiovascular system (closure of ductus arteriosus), use of diclofenac during late pregnancy should be avoided and, as with other nonsteroidal anti-inflammatory drugs, it is possible that diclofenac may inhibit uterine contraction.

Nursing Mothers

Diclofenac has been found in the milk of nursing mothers. As with other drugs that are excreted in milk, diclofenac is not recommended for use in nursing women.

Pediatric Use

Safety and effectiveness of diclofenac in children have not been established.

Geriatric Use

Of the more than 6000 patients treated with diclofenac in U.S. trials, 31% were older than 65 years of age. No overall difference was observed between efficacy, adverse event or pharmacokinetic profiles of older and younger patients. As with any NSAID, the elderly are likely to tolerate adverse reactions less well than younger patients.

ADVERSE REACTIONS

Adverse reaction information is derived from blinded, controlled and open-label clinical trials, as well as worldwide marketing experience. In the description below, rates of more common events represent clinical study results; rarer events are derived principally from marketing experience and publications, and accurate rate estimates are generally not possible.

In a 6-month, double-blind trial comparing Voltaren Delayed-Release Tablets (N=197) vs. Cataflam Immediate-Release Tablets (N=196) vs. ibuprofen (N=197), adverse reactions were similar in nature and frequency. In 718 patients treated for shorter periods, i.e., 2 weeks or less, with *Cataflam Immediate-Release Tablets*, adverse reactions were reported one-half to one-tenth as frequently as by patients treated for longer periods.

The incidence of common adverse reactions (greater than 1%) is based upon controlled clinical trials in 1543 patients treated up to 13 weeks with *Voltaren Delayed-Release Tablets*. By far the most common adverse effects were gastrointestinal symptoms, most of them minor, occurring in about 20%, and leading to discontinuation in about 3%, of patients. Peptic ulcer or G.I. bleeding occurred in clinical trials in 0.6% (95% confidence interval: 0.2% to 1%) of approximately 1800 patients during their first 3 months of diclofenac treatment and in 1.6% (95% confidence interval: 0.8% to 2.4%) of approximately 800 patients followed for 1 year.

Gastrointestinal symptoms were followed in frequency by central nervous system side effects such as headache (7%) and dizziness (3%).

Meaningful (exceeding 3 times the Upper Limit of Normal) elevations of ALT (SGPT) or AST (SGOT) occurred at an overall rate of approximately 2% during the first 2 months of Voltaren treatment. Unlike aspirin-related elevations, which occur more frequently in patients with rheumatoid arthritis, these elevations were more frequently observed in patients with osteoarthritis (2.6%) than in patients with rheumatoid arthritis (0.7%). Marked elevations (exceeding 8 times the ULN) were seen in 1% of patients treated for 2-6 months (see WARNINGS, Hepatic Effects).

The following adverse reactions were reported in patients treated with diclofenac.

Incidence Greater Than 1% - Causal Relationship Probable: (All derived from clinical trials.)

Body as a Whole: Abdominal pain or cramps,* headache,* fluid retention, abdominal distention

Digestive: Diarrhea,* indigestion,* nausea,* constipation,* flatulence, liver test abnormalities,* PUB, i.e., peptic ulcer, with or without bleeding and/or perforation, or bleeding without ulcer (see above and also WARNINGS)

Nervous System: Dizziness

Skin and Appendages: Rash, pruritus

Special Senses: Tinnitus

*Incidence 3% to 9% (incidence of unmarked reactions is 1%-3%).

Incidence Less Than 1% - Causal Relationship Probable: (The following reactions have been reported in patients taking diclofenac under circumstances that do not permit a clear attribution of the reaction to diclofenac. These reactions are being included as alerting information to physicians. Adverse reactions reported only in *worldwide marketing experience* or in the literature, not seen in clinical trials, are considered rare and are italicized.)

Body as a Whole: Malaise, swelling of lips and tongue, photosensitivity, *anaphylaxis*, anaphylactoid reactions

Cardiovascular: Hypertension, congestive heart failure

Digestive: Vomiting, jaundice, melena, aphthous stomatitis, dry mouth and mucous membranes, bloody diarrhea, hepatitis, *hepatic necrosis*, appetite change, pancreatitis with or without concomitant hepatitis, *colitis*.

Hemic and Lymphatic: Hemoglobin decrease, leukopenia, thrombocytopenia, *hemolytic anemia, aplastic anemia, agranulocytosis*, purpura, *allergic purpura*

Metabolic and Nutritional Disorders: Azotemia

Nervous System: Insomnia, drowsiness, depression, diplopia, anxiety, irritability, *aseptic meningitis*

Respiratory: Epistaxis, asthma, laryngeal edema

Skin and Appendages: Alopecia, urticaria, eczema, dermatitis, *bullous eruption, erythema multiforme major*, angioedema, *Stevens-Johnson syndrome*

Special Senses: Blurred vision, taste disorder, reversible hearing loss, scotoma

Urogenital: *Nephrotic syndrome*, proteinuria, *oliguria, interstitial nephritis, papillary necrosis, acute renal failure*

Incidence Less Than 1% - Causal Relationship Unknown: (Adverse reactions reported only in worldwide marketing experience or in the literature, not seen in clinical trials, are considered rare and are italicized.)

Body as a Whole: Chest pain

Cardiovascular: Palpitations, *flushing*, tachycardia, premature ventricular contractions, myocardial infarction

Digestive: Esophageal lesions

Hemic and Lymphatic: *Bruising*

Metabolic and Nutritional Disorders: Hypoglycemia, *weight loss*

Nervous System: Paresthesia, memory disturbance, nightmares, tremor, tic, *abnormal coordination*, convulsions, *disorientation, psychotic reaction*

Respiratory: Dyspnea, hyperventilation, edema of pharynx

Skin and Appendages: Excess perspiration, *exfoliative dermatitis*

Special Senses: Vitreous floaters, night blindness, amblyopia

Urogenital: Urinary frequency, nocturia, hematuria, impotence, vaginal bleeding

Printed in USA

C94-2 (Rev. 3/94)

Geigy

Distributed by
Geigy Pharmaceuticals
Ciba-Geigy Corporation
Ardsley, New York 10502

NEW MEMBERS

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals. Members without MD or DO designation are students.

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MEETINGS

MSMS MEETINGS

February

13, Closed Claim Review Session - Psychiatry. Novi. Contact Debra Metro at (517) 336-5769.

14, Closed Claim Review Session - Psychiatry. Ann Arbor. Contact Debra Metro at (517) 336-5769.

21, Medicare Update. Amway Grand Plaza, Grand Rapids. Contact Roberta Lott at (517) 336-5767.

22, Closed Claim Review Session - Psychiatry. Mt. Clemens. Contact Debra Metro at (517) 336-5769.

22, How to Run a Profitable Practice. Southfield. Contact...

22, Medicare Update. Ritz Carlton - Dearborn. Contact Roberta Lott at (517) 336-5767.

23, Closed Claim Review Session - Psychiatry. Flint. Contact Debra Metro at (517) 336-5769.

23, How to Run a Profitable Practice. Ann Arbor. Contact Roberta Lott at (517) 336-5767.

24, How to Run a Profitable Practice. Kalamazoo. Contact Roberta Lott at (517) 336-5767.

March

2, Closed Claim Review Session - Otolaryngology. Novi. Contact Debra Metro at (517) 336-5769.

2-4, CME Conference. Kellogg Center, East Lansing. Contact Sarah Cressman at (517) 336-5727.

3-4, MSMS Joint Section Meeting. Ritz Carlton - Dearborn. Contact Judy Marr at (517) 336-5744.

6, Closed Claim Review Session - Otolaryngology. Mt. Clemens. Contact Debra Metro at (517) 336-5769.

7, Closed Claim Review Session - Otolaryngology. Grand Rapids. Contact Debra Metro at (517) 336-5769.

11, Financial Planning & Management. Novi. Contact Roberta Lott at (517) 336-5767.

13, Closed Claim Review Session - Otolaryngology. Saginaw. Contact Debra Metro at (517) 336-5769.

14, Closed Claim Review Session for the Office Staff. Novi. Contact Debra Metro at (517) 336-5769.

15, MSMS Board of Directors Meeting. MSMS Headquarters. East Lansing. Contact William E. Madigan, MSMS Executive Director, at (517) 336-5733.

16, Closed Claim Review Session - Ob/Gyn. East Lansing. Contact Debra Metro at (517) 336-5769.

16, MSMS Maternal and Perinatal Health Conference "Contemporary Controversies in Perinatal Care." Kellogg Center, East Lansing. Contact: Sarah Cressman at (517) 336-5727.

21, Medicare Update. Flint. Contact Roberta Lott at (517) 336-5767.

21, Closed Claim Review Session - Anesthesiology. Grand Rapids. Contact Debra Metro at (517) 336-5769.

22, Closed Claim Review Session for the Office Staff. Muskegon. Contact Debra Metro at (517) 336-5769.

22, Medicare Update. Royal Oak. Contact Roberta Lott at (517) 336-5767.

23, Closed Claim Review Session - Anesthesiology. Kalamazoo. Contact Debra Metro at (517) 336-5769.

25-4/1, Medical Roundtable. Acapulco, Mexico. Contact...

27, Closed Claim Review Session for the Office Staff. Petoskey. Contact Debra Metro at (517) 336-5769.

28, Closed Claim Review Session - Anesthesiology. Royal Oak. Contact Debra Metro at (517) 336-5769.

29, Capitation & Managed Care Contracting. Ritz Carlton - Dearborn. Contact Roberta Lott at (517) 336-5767.

29, Managed Care Contracting. Ritz Carlton - Dearborn. Contact Roberta Lott at (517) 336-5767.

29, Closed Claim Review Session - Anesthesiology. Michigan State Medical Society Headquarters. Contact Debra Metro at (517) 336-5769.

30, Closed Claim Review Session - Anesthesiology. Flint. Contact Debra Metro at (517) 336-5769.

April

4, Reception & Patient Flow Techniques. Grand Rapids. Contact Roberta Lott at (517) 336-5767.

4, Better Collections & Insurance Methods. Grand Rapids. Contact Roberta Lott at (517) 336-5767.

4, Closed Claim Review Session - Family Practice. Novi. Contact Debra Metro at (517) 336-5769.

5, Reception & Patient Flow Techniques. Ann Arbor. Contact Roberta Lott at (517) 336-5767.

5, Better Collections and Insurance Methods. Ann Arbor. Contact Roberta Lott at (517) 336-5767.

6, Closed Claim Review Session - Family Practice. Mt. Clemens. Contact Debra Metro at (517) 336-5769.

6, Reception and Patient Flow Techniques. Ritz Carlton - Dearborn. Contact Roberta Lott at (517) 336-5767.

6, Better Collection & Insurance Methods. Ritz Carlton - Dearborn. Contact Roberta Lott at (517) 336-5767.

7, Getting Started in a Medical Practice. Ritz Carlton - Dearborn. Contact Roberta Lott at (517) 336-5767.

7, Telephone and Scheduling Skills for Front Office Staff. Michigan State

MEETINGS

Medical Society Headquarters. East Lansing. Contact Roberta Lott at (517) 336-5767.

10, Closed Claim Review Session for the Office Staff. Mt. Clemens. Contact Debra Metro at (517) 336-5769.

11, Closed Claim Review Session - Family Practice. Muskegon. Contact Debra Metro at (517) 336-5769.

25, Closed Claim Review Session - Family Practice. Saginaw. Contact Debra Metro at (517) 336-5769.

27, Closed Claim Review Session - Family Practice. Michigan State Medical Society Headquarters. East Lansing. Contact Debra Metro at (517) 336-5769.

May

5-7, MSMS House of Delegates Meeting. Ritz Carlton - Dearborn. Contact Donna Farougi at (517) 336-5735.

5 & 7, MSMS Board of Directors Meeting. Ritz Carlton - Dearborn. Contact William E. Madigan, MSMS Executive Director, at (517) 336-5733.

7-10, MSMS Alliance House of Delegates Meeting. Ann Arbor. Contact Jennifer Anibal at (517) 336-7595.

11-13, Physician Executive Leadership Institute. Ann Arbor. Contact Debra Metro at (517) 336-5769.

19, Pain Management. Location: Dearborn, Michigan. **Contact:** Office of Physician Education, (517) 336-5784.

24, Regional Scientific Meeting. Location: Amway Plaza, Grand Rapids, Michigan. **Contact:** Sarah Cressman, Chief, Clinical Education, (517) 336-5727.

25-26, MSMS Maternal, Perinatal and Child Health Retreat. St. Clair. Contact Andy Lott at (517) 336-5719.

July

13-16, MSMS Mid Summer Board of Directors Meeting. Boyne Mountain. Contact William E. Madigan, MSMS Executive Director, at (517) 336-5733.

September

6, Pain Management. Location: Grand Rapids, Michigan. **Contact:** Office of Physician Education, (517) 336-5784.

November

2-4, Michigan State Medical Society Annual Scientific Meeting. Location: Lansing Center, Lansing, Michigan. **Contact:** Sarah Cressman, Chief, Clinical Education, (517) 336-5727.

AMA MEETINGS

April

23-26, AMA Leadership Conference/Washington Fly-In. Washington, DC. Contact Judy Marr, Manager, MSMS Department of Communications & Professional Relations, at (517) 336-5744.

June

18-22, AMA Annual House of Delegates Meeting. Chicago, IL. Contact Judy Marr, Manager, MSMS Department of Communications & Professional Relations, at (517) 336-5744.

December

3-6, AMA Interim Meeting. Washington, DC. Contact Judy Marr, Manager, MSMS Department of Communications & Professional Relations, at (517) 336-5744.

MICHIGAN SPECIALTY SOCIETY MEETINGS

April

22, Michigan Society of Anesthesiologists Annual Spring Meeting. Grand Rapids. Contact Jennifer Anibal at (517) 336-7595.

27-30, Michigan Society of Medical Assistants Convention. Midland. Contact Caroline Kimmel at (517) 336-7587.

May

9-12, Michigan Society for Respiratory Care 37th Annual Scientific Symposium. Holiday Inn South/ Convention Center, Lansing. Contact Caroline Kimmel at (517) 336-7587.

OTHER MEETINGS

April

28-5/5, American Occupational Health Conference. Sands Expo and Convention Center, Las Vegas, Nev. Contact ACOEM, 55 W. Seegers Rd., Arlington Heights, IL 60005, (708) 228-6850.

May

17-20, 18th Annual National Conference, National Rural Health Association. Atlanta, Georgia. Contact: National Rural Health Association, National Service Center, One West Armour Blvd., Suite 301, Kansas City, MO 64111. ■

CATEGORY I COURSES

Michigan Medicine each month carries a list of opportunities in Michigan for doctors of medicine to obtain Category I credit toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least three hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters, (517) 337-1351.

12-17, Twentieth Annual Seminar on Emergencies in Medicine. Location: Boyne Highlands Ski Lodge, Harbor Springs, Michigan. **Sponsor:** Detroit Receiving Hospital **Contact:** Robert F. Wilson, MD, FACS, Department of Surgery, Detroit Receiving Hospital, 4201 St. Antoine Street, Detroit, MI, 48201, (313) 745-3484. **Approved for:** 25 hours of Category I Credit.

14, "Preverbal Infant-Mother Interactions: Implications for Intensive Psychotherapy." Sponsor: Bar-Levav Educational Association. **Contact:** Joseph Gluski, MD, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI, 48075, (810) 353-5333. **Approved for:** 4.0 hours Category I Credit.

MARCH

1, Flexible Sigmoidoscopy. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 5.5 hours of Category I Credit.

1-2, Colonoscopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.25 hours of Category I Credit.

3-4, EGD (Gastroscopy). Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.0 hours of Category I Credit.

11, Colon and Rectal Cancer Symposium. Location: BCBSM Auditorium, Southfield, Michigan. **Sponsor:** Blue Cross Blue Shield



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of Michigan. **Contact:** Delores Devyak, (313) 225-0163. **Approved for:** 4.0 hours of Category I Credit.

15-17, A Symposium in Diabetes Care. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Michigan Diabetes Research and Training Center, Michigan Affiliate of the American Diabetes Association. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

21-25, Family Practice 1995: 19th Annual Spring Review Course. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Family Practice, Michigan Academy of Family Physicians. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

23-24, Coloscopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

30-31, Challenges and Changes in Obstetrics and Gynecology. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

APRIL

1, Transvaginal Ultrasound Workshop. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

5-7, Ultrasound in Obstetrics and Gynecology. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Spon-**

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CATEGORY I COURSES

Continued from previous page

sor: University of Michigan Medical School, Department of Radiology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

7, Intraoperative Facial Nerve Monitoring: A Tutorial and Hands-On Workshop. Location: Providence Hospital, Southfield, Michigan. **Sponsor:** Michigan Ear Institute, Wayne State University School of Medicine, Providence Hospital, WSU-OHEP CME Program. **Contact:** OHEP Center for Continuing Medical Education, 21415 Civic Center Drive, #301, Southfield, Michigan, 48076-3954, phone - (810) 354-2150, fax - (810) 354-0385. **Approved for:** 7.5 hours of Category I Credit.

19-20, Office/ER Ultrasound. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 11.75 hours of Category I Credit.

21-22, Stress EKG. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.0 hours of Category I Credit.

24-28, 23rd Annual Spring Update: Advances in Internal Medicine. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Internal Medicines. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

MAY

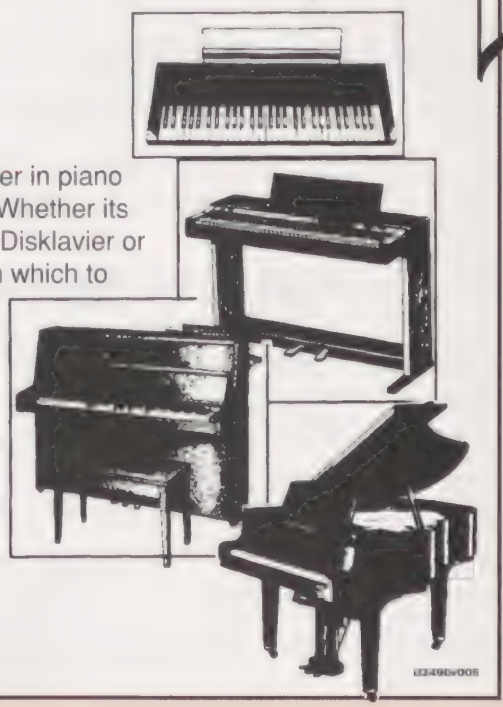
18-19, Vestibular Rehabilitation. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Otolaryngology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

19-20, Coloscopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michi-

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gan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

24-26, Selected Hot Topics in Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 22.5 hours of Category I Credit.

31-June 2, Current Topics in Blood Banking: 22nd Annual Symposium. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Pathology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

JUNE

15-16, Dermatologic Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.5 hours of Category I Credit.

19-23, 31st Annual Northern Michigan Summer Conference: An Update on Common Clinical Concerns. Location: Shanty Creek Resort, Bellaire, Michigan. **Sponsor:** University of Michigan Medical School, Department of Family Practice. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

22-23, Coloscopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

24, LEEP/LETZ/LOOP. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 6.25 hours of Category I Credit.

JULY

9-12, 21st Annual Mackinac Island Course: Advances in the Management of Infectious Diseases. Location: Grand Hotel, Mackinac Island,

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CATEGORY I COURSES

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Michigan. **Sponsor:** University of Michigan Medical School, Division of Infectious Diseases, Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 13.0 hours Category I Credit.

14-15, Sclerotherapy. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 11.25 hours of Category I Credit.

28-29, 75th Annual Coller Penberthy Thirlby Medical Conference. Location: Park Place Hotel, Traverse City, Michigan. **Sponsor:** Munson Medical Center and Medical Staff. **Contact:** Paula Parshall, Medical Education, Munson Medical Center, 1105 Sixth Street, Traverse City, Michigan, 49684-2386, phone - (616) 935-6546, fax - (616) 935-7124. **Approved for:** 9-13 hours of Category I Credit.

AUGUST

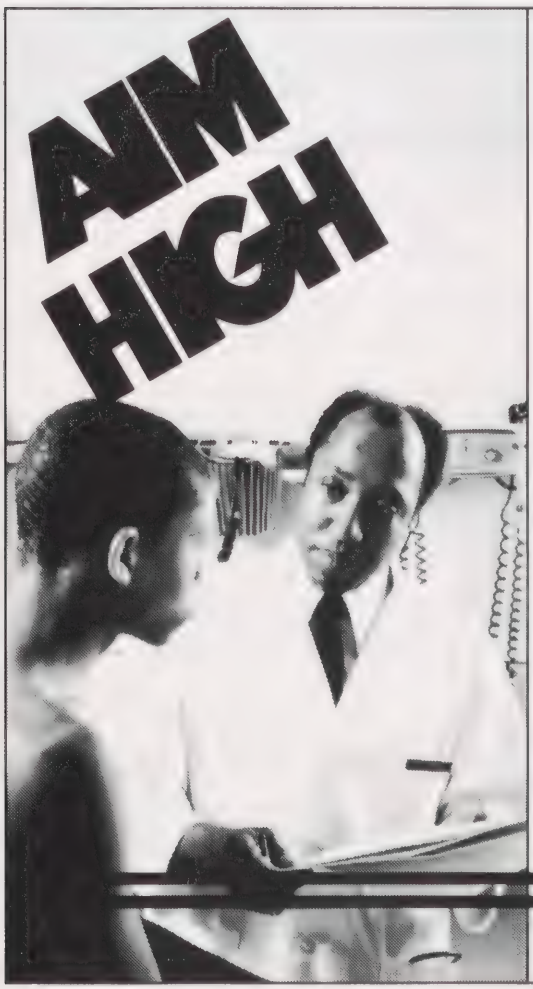
9, Flexible Sigmoidoscopy. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 5.5 hours of Category I Credit.

9-10, Colonoscopy/Common Anorectal Disorders/Hemorrhoid Treatment. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.25 hours of Category I Credit.

11-12, EGD (Gastroscopy). Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.0 hours of Category I Credit.

24-25, Coloscopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

26, Vasectomy (No-scalpel technique). Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr.,



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Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 5.5 hours of Category I Credit.

SEPTEMBER

14-16, Cancer Prevention and Screening. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 22.0 hours of Category I Credit.

OCTOBER

6-7, OB Ultrasound. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.25 hours of Category I Credit.

26-28, Selected Hot Topics in Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 22.5 hours of Category I Credit.

NOVEMBER

3-4, Colposcopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

16-17, Dermatologic Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.5 hours of Category I Credit.

18, Advanced Suturing. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 4.0 hours of Category I Credit.

DECEMBER

1-2, EGD (Gastroscopy) Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.0 hours of Category I Credit.

7-8, Colposcopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

9, LEEP/LETZ/LOOP. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 6.25 hours of Category I Credit.

10, Advanced Colposcopy. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 7.5 hours of Category I Credit. ■

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PRESIDENT'S PAGE

Let's look to our state for making improvements in health care delivery

Michigan Patient Protection Act a good start

By Jack L. Barry, MD

"There is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success, than to take the lead in the introduction of a new order of things." -Niccolo Machiavelli, The Prince, *1513*



No one has ever accused me or MSMS of using Machiavellian tactics, but the 16th Century Italian political philosopher is correct in stating that taking the lead in *anything* is tough.

Where Machiavelli promotes cunning, duplicity and bad faith in achieving his ends, MSMS has a history of openness, honesty and loyalty in pursuing socially responsible change.

Once again MSMS is taking the lead in the introduction of a new order of things with the Michigan Patient Protection Act. As you can see by reading the articles in this issue of *Michigan Medicine*, the Michigan Patient Protection Act is not radical, it is not revolutionary. It is simply common sense and plain dealing.

Nevertheless, it will be painted by opponents as many things it is not, such as any willing provider legislation. It is not any willing provider legislation. The MPPA simply says that physicians must be given a fair opportunity to join a health plan with an appeals mechanism available.

Opponents also may come from the insurance industry who will cry that the MPPA will be too costly. But the onus for telling participants about coverages, costs and then delivering the goods *should* be on the plans that make the promises, not on physicians who are placed in the unsolicited and unwelcome role of rationers.

It is the proponents of the MPPA, however, who we really want to focus on. MSMS already is working to educate patient advocacy groups, showing that the MPPA gives them the choice and voice they deserve. Success of the MPPA will be dependent upon building this strong coalition of physicians and patients.

What could be more natural and important for physicians than tightening ties with our patients? That's what we do. In my inaugural address, I mentioned a line from the Hippocratic Oath: "I will follow that method of treatment, which, according to my ability and judgment, I consider for the benefit of my patients."

It's the same goal with the MPPA: "...for the benefit of my patients."

In my inaugural I also said, "During my year as MSMS president, I will be asking everyone, my colleagues, my patients, my legislators, to think about the real issues in health system reform and act on them."

With enthusiasm for national health system reform dwindling to non-existence, we should look at making improvements for health care delivery in our own state. I ask you to learn all you can about the Michigan Patient Protection Act and then help organized medicine build a coalition of physicians and patients to push for enactment.

With openness, honestly and loyalty we *will* successfully take the lead in the introduction of a new order of things.

Or, at least, the beginning of one. I invite your comments on our initiative of the Michigan Patient Protection Act. ■

Doctor Barry is MSMS president.

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VOL. 94, NO. 3

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COVER STORY

14 If you're in health care, telemedicine is what the information superhighway can do for you. Are you ready for the journey? This month's cover story defines and explores the evolution of telemedicine in Michigan and visits several sites, including the Center for Applied Medical Informatics at the MSU Kalamazoo Center for Medical Studies, where telemedicine is being explored in depth.

FEATURES

11 "Membership That Matters" This is the theme of the new MSMS membership recruitment campaign which begins this month. *By Louis R. Zako, MD*

12 MSMS Legislative Soundbites Scan this easily digestible feature and learn what issues MSMS plans to actively support and follow throughout the new legislative term.

22 Practice Management As spring approaches, consider giving your practice a tune-up. There are at least nine areas of your practice which may need some adjustment. Read this article to find out what steps you can take to avoid an unwanted "breakdown." *By James J. Aluia*

26 Stark II bans 11 "designated health services" Take time to study the exceptions and the penalties, which can be quite severe. *By Kerr, Russell & Weber, Detroit*

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In next month's issue: Physician Organizations: A strategy for Managed Care. Also, an in-depth report on corporate affiliated physicians.

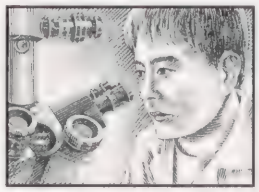
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The Michigan State Medical Society Committee on Publications is the editorial board of **Michigan Medicine** and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

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Michigan Medicine (ISSN 0026-2293) is the official journal of the Michigan State Medical Society, published under the direction of the Publications Committee. It is published 12 times per year on a monthly basis. Second class postage paid at East Lansing, Mich. and at additional mailing offices. Yearly subscription rate, $100.00 (includes weekly *Medigram* newsletter); single copies, $5.00. Printed in USA. All communications relative to articles, news and exchanges should be addressed to Betty McNerney, advertising to Pat Horan, and address changes to Kathy Hagen, Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950. Phone 517-337-1351. POSTMASTER: Send address changes to Michigan Medicine, P.O. Box 950, East Lansing, MI 48826-0950

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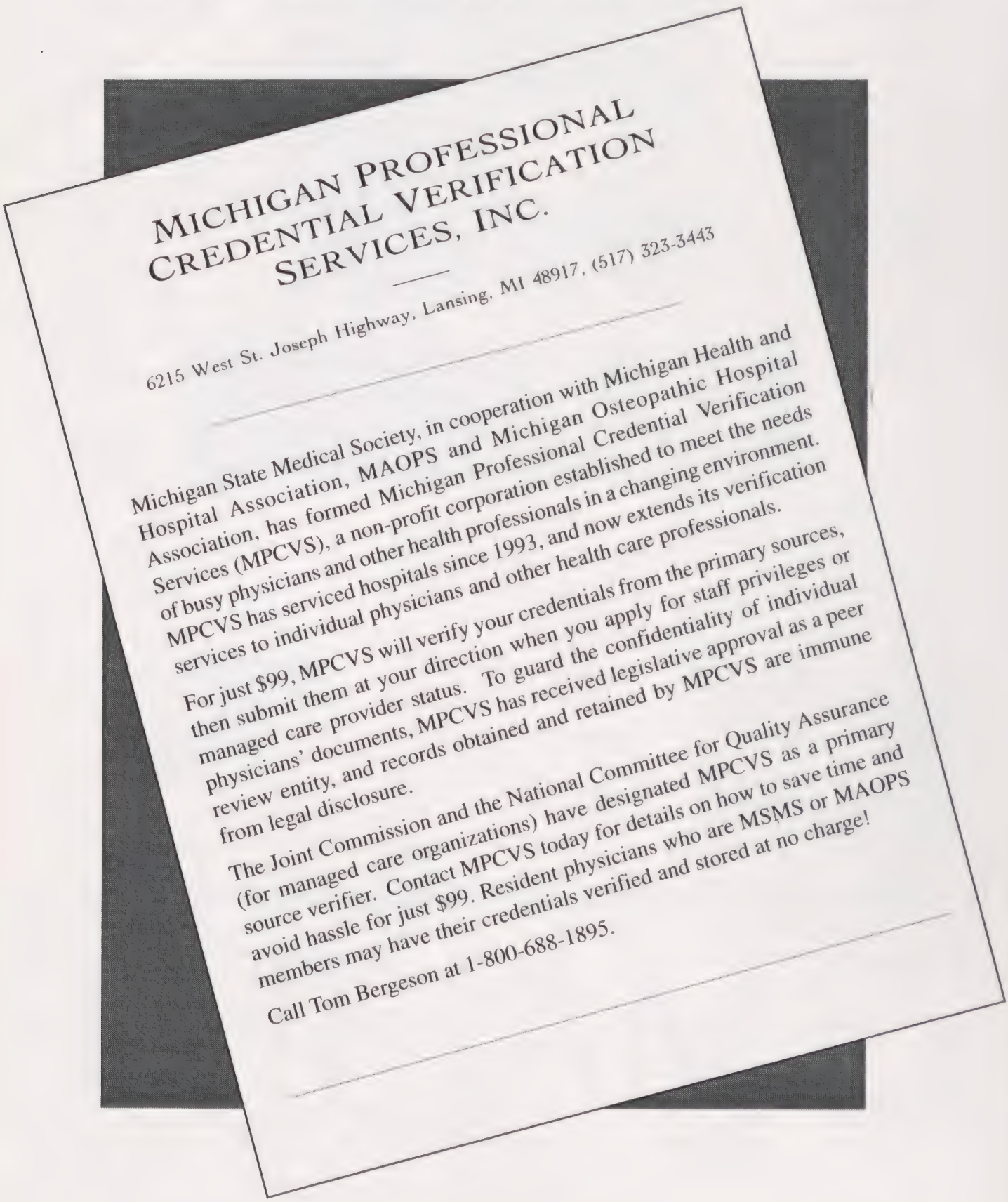
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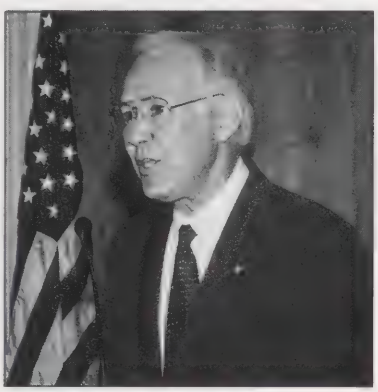
Senator Walter North (left), James R. Spindler, MD (center), and Maurice S. Reizen, MD, talk during the MSMS News Lawmakers Reception.

Doctors and new legislators exchanged information on 1995 priorities at a reception held at MSMS headquarters January 25. The event gave MSMS members and the new lawmakers a chance to get to know each other and discuss priorities. During a meeting of the MSMS Committee on State Legislation and Regulation earlier that day, Chair Mark D. Kolins, MD, outlined three key areas MSMS will focus on with lawmakers:

- Introduction and passage of a Michigan Patient Protection Act, to guard the rights of patients and physicians who participate in health plans.
- Introduction and passage of single claims form legislation to streamline physician and patient recordkeeping in the health system.
- Review of the physician antitrust issue.

For more information on MSMS legislative priorities, contact Greg Aronin, manager, MSMS Department of Government Relations, at (517) 336-5739.

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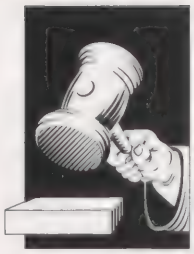
Greg Korneluk

It's imperative that doctors understand their practice costs when contracting with managed care groups. Otherwise, "They will get really burned," AMA Board of Trustees member Randolph D. Smoak, MD, told physicians attending "Managed Care: Retooling for a New Era," held in January in Grand Rapids. The seminar was the first seminar in year three of the MSMS Masters Series.

Greg Korneluk, chair of the International Council for Quality Care, Inc., in Florida, told physicians attending the conference, "If you focus on quality and understand the economics, you'll do significantly better (under managed care.)"

For more information on the MSMS Masters Series, contact Shannon Stockwell at MSMS at (517) 336-7594.

For details on these and other issues call William E. Madigan, Executive Director, MSMS, 517-337-1351.



MSMS LEGAL BRIEFS



Editor's Note: If you have a legal question you would like answered by MSMS legal counsel in this column, jot it down and send it to Betty McNerney, Editor of Publications, P.O. Box 950, East Lansing, MI 48826-0950.

Kronenberg vs. Henry Ford Health System, et al. addresses constitutionality of malpractice reform legislation

By Richard D. Weber
MSMS Legal Counsel

Summary - *In November 1994, a Wayne County Circuit Court judge rendered an opinion upholding the constitutionality of the 182-day pre-suit notice and waiting requirements under the Malpractice Reform Legislation which became effective April 1, 1994. The Court's opinion is well written and will lend support to other constitutional attacks taking place in other circuit courts. It is expected that the Kronenberg case will be appealed. MSMS legal counsel will monitor this and other cases contesting the constitutionality of the Malpractice Reform Legislation and keep MSMS members apprised.*

Judge Andrea J. Ferrara, Wayne County Circuit Court judge, has rendered an opinion that the 182-day pre-suit notice and waiting requirement of section 2912b of the Malpractice Reform Legislation, which became effective on April 1, 1994 is constitutional. *(Kronenberg vs. Henry Ford Health System, et al., Wayne County Circuit Court Case No. 94-413831-CZ.)* This appears to be the first trial court opinion addressing constitutional attacks on the Malpractice Reform Legislation.

The facts were not in dispute. Plaintiff's claims against defendants arose out of allegations that they failed to timely diagnose and treat a brain tumor. The plaintiff, through his attorney, Jeffrey Feiger, filed a complaint on April 25, 1994, without complying with the pre-suit notice and waiting requirements, and without complying with the affidavit of merit requirement, required by MCL 600.2912b and MCL 600.2912d, respectively. The plaintiff admitted noncompliance with the statutory requirements, but argued that the section violates the state constitutional provisions preserving the separation of powers between the branches of government (Const 1963, art 6, § 5) and the guarantees of due process and equal protection (Const 1963, art 1, § 1, 17).

Because the court held that section 2912b, establishing the pre-suit notice and waiting requirement, was not unconstitutional and dismissed the case, the court did not opine on the constitutionality of section 2912d regarding the affidavit of merit.

The trial judge made short shrift of the plaintiff's argument under the separation of powers provision of the State Constitution. Although the court recognized that matters regarding court procedures are generally a function of the State Supreme Court, and not the legislature, the pre-suit notice requirements were substantive for the reason that they established a condition precedent to pursuing the cause of action. Since substantive issues are within legislative jurisdiction, the court determined that there was no separation of powers argument.

Three separate standards discussed

In analyzing the plaintiff's arguments under the equal protection and due process clauses of the State Constitution, the court focused on the

appropriate standard of review. The court discussed three separate standards: (1) the "strict scrutiny test," which would require a showing of a compelling interest which justifies the legislative classification, if the interest is "fundamental" or the classification "suspect;" (2) the "intermediate test," which would require the showing of a "fair and substantial relation to the object of the legislation;" and (3) the "rational basis test." The court held that the statute does not infringe on a fundamental interest and, therefore, the strict scrutiny test does not apply. The court further held that case law did not support the application of the intermediate test with respect to this legislation. Therefore, the rational basis test was applied. Under this test, established by the Michigan Supreme Court, a court is not free to substitute its judgment for that of the legislature and "where the legislative judgment is supported by any state of facts, either known or which could reasonably be assumed, although such facts may be debatable, the legislative judgment must be accepted." Under this standard of review, the trial judge agreed that there is at least a rational relationship between the pre-suit notice and waiting requirement and the legitimate goal to reduce health care costs by reducing litigation expenses.

Conflicting tolling provision addressed

The court also addressed the conflicting tolling provision regarding the pre-suit notice requirement. The pre-suit notice requirement applies to any case filed after October 1, 1993, but the tolling provision (an extension on the statute of limitations) only applies to causes of action that arose after October 1, 1993. The court applied the standard rules of statutory construction to determine the legislature's intent. In doing so, the court construed the section so as to apply the tolling provision to any case governed by the pre-suit notice and waiting requirement.

The trial court's opinion is well written and will lend support to the other constitutional attacks taking place in other circuit courts. Nevertheless, trial court decisions do not establish legal precedent. Only appellate court decisions establish precedent. It is expected that the Kronenberg case will be appealed. MSMS legal counsel will monitor this and other cases contesting the constitutionality of the Malpractice Reform Legislation and keep MSMS members apprised. ■

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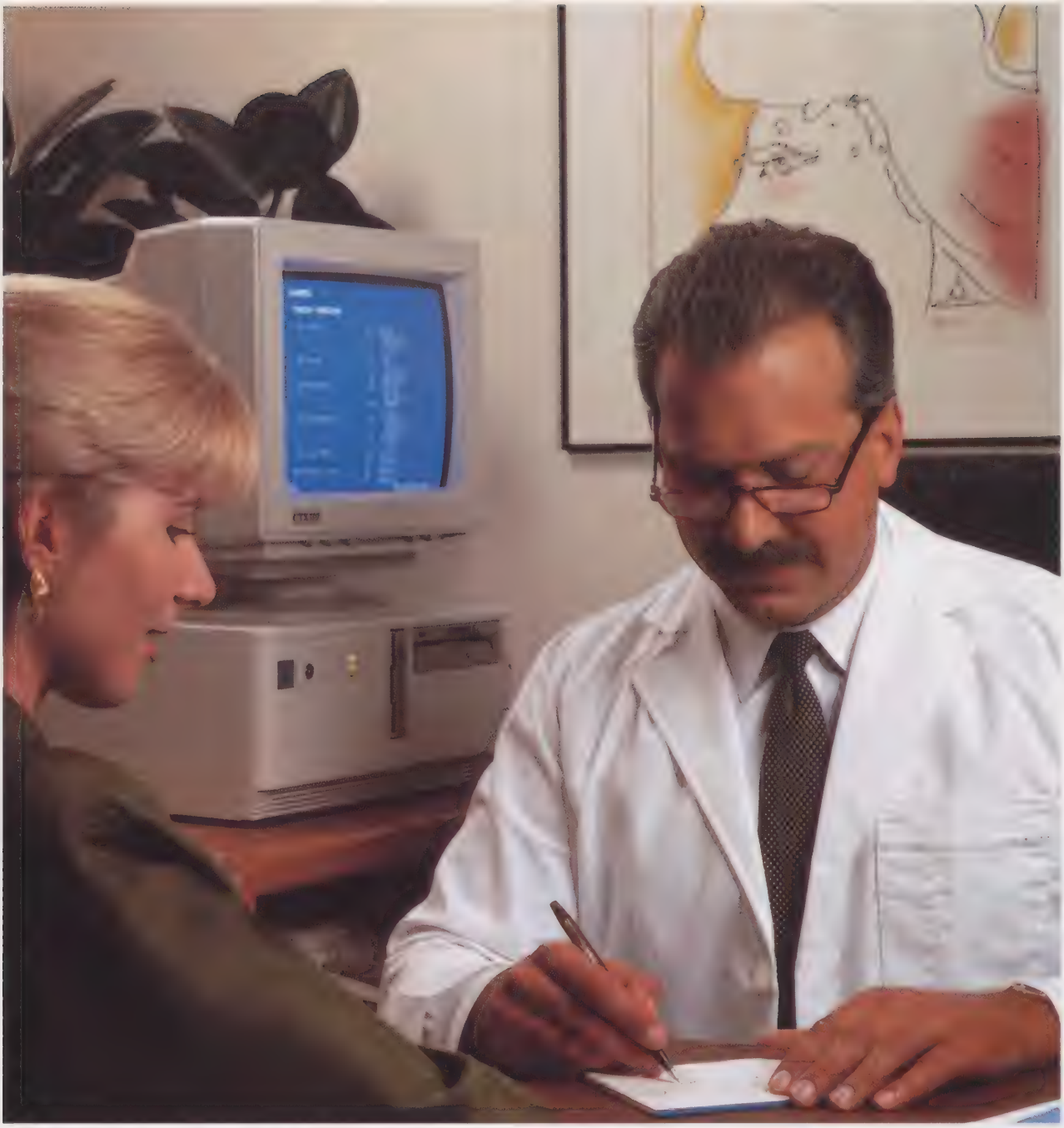
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March begins MSMS member recruitment campaign

As a member of MSMS, you are aware of the incredible pace at which change is occurring in the health care environment. And you understand how important it is to stay current with these changes. Membership in our federation of medicine gives your voice, united with those of your fellow physicians, the clout necessary to effectively manage the many outside influences infringing on the practice of medicine.

The AMA, MSMS and your county medical society provide you with information, data and services to help you anticipate and control these influences. The best individual to recruit a member for organized medicine is another member of organized medicine. Although we communicate on a regular basis with our non-member colleagues, I believe personal contact by a member is by far the most effective way to express the importance, effectiveness and power of organized medicine.

That's why March is the kickoff of our 1995 membership campaign, "MSMS: Membership that Matters." The goal of the program is to continue to aggressively increase our membership. This will ensure representation for all physicians in the state of Michigan at both state and national levels. Truly, MSMS is the voice of 12,000 Michigan physicians, and growing.

All physicians are encouraged to participate. Recruiters will not only be eligible to win individual prizes, they will help their county compete for an award as well.

To participate as a "Membership that Matters" recruiter, please fill out the form below and fax it to MSMS, Attention: Deborah Zannoth, Chief, Membership Development, at (517) 336-5763, or mail to P.O. Box 950, East Lansing, MI 48826-0950. For further information, Deborah Zannoth may be reached by calling (517) 336-5763.

___Yes, I will participate as a "Membership that Matters" recruiter.

Name _____

Address _____

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LEGISLATIVE SOUNDBITES

One of the most essential duties of the Michigan State Medical Society is to monitor legislation, and act as a collective voice for Michigan physicians at the state and federal level. Thus, MSMS has constructed a summary of several issues it will be actively supporting and following throughout the new legislative term.

HEALTH SYSTEM REFORM: At the present time, MSMS has not signed on to any particular health reform package, but it is diligently monitoring relevant legislation. For any plan to gain the support of MSMS it must actively coincide with the "MSMS and AMA Health System Reform Position Briefs."

PATIENT PROTECTION ACT: MSMS supports a Patient Protection Act, which contains safeguards to help protect patient interests and the physician's role in health plans. Several versions of the Patient Protection Act would guarantee patients receive the information they need to make fully informed decisions about their health insurance. See synopsis at right for a rundown of the principles of the Michigan Patient Protection Act.

SCOPE OF PRACTICE: MSMS unequivocally opposes legislative initiatives which increase the scope of practice of chiropractors, optometrists, and other allied health providers in areas which lie outside their clinical training and/or respective education.

FEDERAL TORT REFORM: MSMS continues to work with the American Medical Association to support federal medical liability reform legislation. This type of legislation is necessary to address an unreasonable medical liability climate.

MEDICAID REFORM: MSMS will work with the Governor's Office, department directors, legislators and other organizations to ensure that changes to the Medicaid program will increase accessibility and continue to guarantee quality health care delivery to Medicaid patients.

Principles of the Michigan Patient Protection Act

A Patient Protection Act would protect access, quality, and choice through the following principles:

- The appropriate information regarding a patient's health plan should be provided to the patient prior to enrollment.
- Physicians should be offered the opportunity to apply to a health plan, although the plan would still be able to deny application.
- Medical necessity should be determined by an individual with the appropriate medical background.
- A Michigan Patient Protection Act should protect patients' choice, plus protect patients' and physicians' voices in the health system.

The principles stated above are not exclusive of other principles. The development of a Michigan Patient Protection Act is still in the process.

PUBLIC HEALTH ISSUES: Domestic violence, alcohol abuse, anti-tobacco, child immunizations, gun violence, and motor vehicle safety are among the public health issues of particular concern to MSMS. Details on these issues appear at right.

For further information on state legislative issues, contact Greg Aronin, manager, MSMS Department of Government Relations, at (517) 336-5741. For more information on federal legislative issues, contact Kevin A. Kelly, MSMS managing director, at (517) 336-5742.

ANTITRUST REFORM: Antitrust reform lies at the heart of the health care debate. Physicians as a group should be permitted to negotiate on a variety of issues, including expensive medical technology, mergers, fees, and quality controls. MSMS strongly supports modifications to antitrust laws which will recognize the physician's central role in making medical decisions. Unless the role of physicians is enhanced and protected, health care delivery will be dominated by giant, detached networks which will seriously threaten patient choice and quality health care. Following is a brief outline of key issues.

Key Issues

Currently, the guidelines of antitrust legislation are too restrictive to allow physician organizations to compete with insurance companies and hospitals in creating health care delivery networks. If present trends continue, insurers will own the vast majority of integrated health plans, and will control medical management. This is detrimental to the public, because the health plans don't use "patient sensitive" techniques, and may be more concerned about cost than quality.

The existence of physician driven plans creates tough competition for insurer driven plans and forces them to meet the higher standards of the physician sponsored plans. Thus, MSMS has highlighted some of the key components that are essential for successful antitrust reform:

Federal legislation must exempt the activities of physicians and hospitals which fall within seven safe harbors from current antitrust requirements. These safe harbors might include:

- Combinations with Market Share Below Threshold
- Activities of Medical Self-Regulatory Entities
- Participation in Surveys
- Joint Ventures for High Technology and Costly Equipment and Services
- Hospital Mergers
- Joint Purchasing Arrangements
- Negotiations
- In addition to these measures, MSMS seeks further protection which would enable physicians to form horizontal networks among their colleagues. At the state level this would include State Action Immunity. Meaning, physician networks could function without fear of antitrust liability, but would do so under the active supervision of a state agency.

Key Concerns

Domestic Violence: MSMS continues to support legislation which would impose increased criminal penalties for domestic violence offenders and would make legal recourse more accessible to the victims of domestic violence.

Anti-Tobacco: MSMS will continue to actively support legislation which would reduce environmental tobacco smoke in public and private, as well as legislation that would reduce a minor's access to all tobacco products. Currently, MSMS is in favor of repealing the Local Preemption Law in Michigan.

Child Immunizations: MSMS will continue to work with the Michigan Department of Public Health and other organizations to increase the level of immunizations in Michigan, especially among those who are two years old and younger. MSMS is in favor of legislation to require insurance companies to cover pediatric immunizations and is in support of universal immunizations in Michigan.

Gun Violence: MSMS will continue to actively support legislation that will reduce the level of gun violence in Michigan. MSMS supports legislation that would establish "weapons free school zones" and would severely penalize individuals who bring weapons into those zones.

Motor Vehicle Safety: MSMS supports legislation that would enforce the use of safety belts by automobile passengers and helmets for motorcycle, moped, and bicycle drivers and passengers. ■

COVER STORY

Telemedicine in Michigan

If you're in health care, telemedicine is what the information superhighway can do for you. Are you ready for the journey?

By Bob Carlson

If you don't know a CODEC from a T1 line, you're not alone. Telemedicine is replete with more acronyms than you can shake a caduceus at. Telecommunications technology is advancing so rapidly that new gadgets and technical jargon are a way of life for the consultants and techies who get paid to know about these things.

But the magic of telemedicine is not in the equipment. It is in being able to care for people at a distance.

"Telemedicine is a system of health care delivery, a system that compensates for the unequal distribution of high quality medical resources," writes Jane Preston, MD, FAPA, in the preface to her pioneering book, The Telemedicine Handbook, Improving Health Care with Interactive Video. "As a system, it can bring existing procedures and services to isolated areas. Now low-cost, high quality medical care can reach everyone."

If you're in health care, telemedicine is what the information superhighway can do for you.



Moving information

The *information superhighway* we've been hearing about is the marriage of computer, video, and networking technologies. This highway moves information instead of people. Telemedicine is just one of many information "vehicles" on this virtual highway, along with entertainment, education, business, the Internet, merchandising, and just about any other sector you can think of in our networked, information-driven economy. In fact, some telemedicine proposals specify "multi-user" projects with businesses and community organizations buying time on the system when it is not in use for health care.

If your computer has a modem, you have an on-ramp to the info highway, no matter where you are. "About half the physicians I talk to now are on Internet. I'd say between a third and half of all hospitals are subscribers to the Internet," says John Gosbee, MD, MS, executive director of the Center for Applied Medical Informatics at the Michigan State University Kalamazoo Center for Medical Studies (KCMS).

The Center for Medical Informatics at KCMS is one of several players in Michigan's growing telemedicine community. Starting in early 1995, two grants will provide teleconferencing and teleradiology links to hospitals and clinics in the Upper Peninsula. Emergency medical teams in hospitals throughout northwestern Michigan are participating in ongoing interactive distance learning programs, thanks to the Rural Emergency Medical Education Consortium. In Lansing, the Michigan Center for Rural Health brings interested parties together, helps find the money, and coordinates Michigan's telemedicine resources.

Most telemedicine activity in Michigan is still in the demonstration and evaluation stage. But some Michigan physicians have been working with one telemedicine application — teleradiology — for more than 10 years.

High tech old hat

"With image processing technology, it's possible that the electronic image on the video monitor may even be more useful than an ordinary radiograph because you can actually manipulate the image," suggests Fred Patterson, MD, FACR, director of Radiology at WA Foote Memorial Hospital in Jackson. "You can change the contrast scale, do little high tech tricks that you can't do with a film."

Doctor Patterson and his four colleagues in Jackson Radiology Consultants, PC, may have been the first teleradiologists in the state. Ten years ago, they installed a system to transmit radiographic images over ordinary telephone lines from the hospital to a video receiving unit in the radiologist's home. The radiologist gave a preliminary reading to the referring doctor by telephone. It was a way to provide 'round the clock radiology consultation for emergency room physicians and other providers without the inconvenience, time, and expense of actually driving to the hospital and back. "It was surprisingly effective," recalls Doctor Patterson. Then as now, the final report was dictated at the hospital from the actual film radiograph.

A few years later, they went to a "direct capture" system, says Doctor Patterson, which eliminated the need for a video camera to view the film radiograph. That was particularly effective for transmitting the multiple images in CT scans. Today, Jackson Radiology Consultants has grown to eight physicians. Doctor Patterson says technicians are currently working the bugs out of a new state of the art teleradiology system at the hospital.

Is teleradiology old hat for Doctor Patterson?

"It sure is," he chuckles. "I think if it's used judiciously, it can extend your reach and provide a level of care that from a practical standpoint was not really possible before. Like all technology, you have to use it appropriately. We do not feel comfortable about making the final interpretation from a transmitted image. I do think it is probably feasible, may even be possible, but your personal level of comfort does have to be there. Most radiologists would not feel comfortable doing that right now."

Will radiologists ever feel comfortable making a final interpretation from a video image?

"Yes," says Doctor Patterson. "It's just a matter of time."

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Upper Peninsula Telemedicine Network

"Our first commitment is to education, but we are also going to see what kinds of things we will be able to do with other medical applications," explains Sally Davis, MA, director of education, Marquette General Hospital. She is talking about the new Upper Peninsula Tele-medicine Network (UPTN), which is funded by a one-year $374,000 Rural Electrification Administration (REA) grant and a three-year grant of up to $1,197,000 from the Health Resources and Services Administration.

Videoconferencing and teleradiology equipment are being installed at health care delivery sites in the UP over a three-year period which began in late 1994. These sites include Helen Newberry Joy Hospital in Newberry, Schoolcraft Memorial Hospital in Manistique, Baraga County Memorial Hospital in L'Anse, Ontonagon Memorial Hospital in Ontonagon, Iron County General Hospital in Iron River, and Marquette Medical Clinic in Kingsford. Teleradiology links already exist between War Memorial Hospital in Chippewa County, Portage View Hospital in Hancock, and Marquette General Hospital in Marquette, which also has videoconferencing capabilities.

UPTN's education component is scheduled to begin in early 1995 and will include health professional education for physicians, nurses, and allied health personnel, especially in those areas where physicians are unable to maintain their Michigan State Medical Society accreditation for Category I Continuing Medical Education. Since 1993, for example, the Marquette General Hospital videoconferencing site has been participating in the doctoral program in Educational Technology from Wayne State University as well as in grand rounds originating at the Kalamazoo Center for Medical Studies. Upper Great Lakes Educational Technologies, Inc. (UGLETI), a consortium of K-12 schools, colleges, universities, and hospitals, will help develop a community education program.

Business meetings and birthday parties

To offset operating costs, the UPTN network will also be made available for community development applications at an hourly rate. Davis says the Michigan Department of Public Health offices in the UP and northern

MSMS Committee investigating telemedicine opportunities in Michigan

"People don't know what's going on in the spectrum of telemedicine." So says Nicholas J. Lekas, MD, chair of the MSMS Committee on Technology in Medicine. The goal of the Committee is to investigate telemedicine, help put it into perspective for MSMS members, and then help facilitate its utilization appropriately in the state." This includes making policy recommendations to the MSMS Board of Directors on issues such as patient confidentiality, appropriate use, and compensation for telemedicine consultations.

"The goal of the Committee is to investigate telemedicine, help put it into perspective for MSMS members, and then help facilitate its utilization appropriately in the state"

Doctor Lekas

Doctor Lekas points to health care telecommunications initiatives throughout Michigan that have the potential to develop into, or be integrated with, telemedicine applications. Large hospital systems like Henry Ford have electronic medical records accessible to their physicians throughout the system. The five hospitals in the Oakwood system are in the process of developing a similar program. The Greater Detroit Area Health Council is working on a system which would enable Detroit metropolitan area hospitals to share patient demographic information.

"In the Committee, we've compared this to the development of the automated teller system by the banking industry," Doctor Lekas says. "Once the banks got together and understood

Michigan are interested in using the network for meetings. Community mental health centers want to conduct court hearings over the network for involuntary commitments. Other community development uses include everything from business meetings to birthday parties.

"Our first priority was to make it affordable and sustainable for the very small rural hospitals and for community development," Davis emphasizes. Since cost is a big factor, the UPTN uses existing Integrated Services Digital Network (ISDN) lines, which transmit voice, video and data, and cost only about $200 per month. If those small hospitals generate enough income, she says, they may be able to add more channels on the ISDN lines for more transmission capacity.

"We've talked with oncologists, physiatrists, and cardiologists. We don't know all the telemedical applications that are possible on this system," says Davis. "We are going to have to find out what can be done and what is acceptable to physicians and patients. A lot of that depends on the individual physician asking 'what if I tried this over the system?' As I've talked with different telemedicine projects around the United States, it seems that one specialty uses the system more than others and when I ask them why, it's primarily because individual physicians have embraced the technology."

Rural Emergency Medicine Education Consortium

"For physicians, we're doing a weekly Friday medical conference that's scheduled three months in advance," explains Sandra Somers, RN, REMEC coordinator. "They just go to their local hospital to access this education. They don't have to travel long distances. Same for EMS providers and nurses. We're also cross-accrediting programs with MDPH (Michigan Department of Public Health), the accrediting agency for EMS professionals, and the American Nurses Association."

REMEC stands for Rural Emergency Medical Education Consortium and is funded by a three-year $900,000 Health and Human Services Administration grant awarded in October 1993. By 1996, 12 hospitals in northwestern Michigan will be part of the REMEC regional tele-medicine network. They are Munson Medical Center in Traverse City, Kalkaska Memorial Hospital, Paul Oliver Hospital in Frankfort,

Continued on next page

what information they should legitimately be able to share with each other, the whole cash card industry grew and became very successful. In the same way, health care institutions may need to share information, recognizing that they have some common needs and ways of benefiting from it, especially when patients are transferred from one institution or another or there's expertise at one place that can be shared with another."

The Committee is also discussing the development of a satellite-based distance education network including Wayne State University and several of the hospitals in the Detroit area. Each of the hospitals has been surveyed and has the appropriate equipment necessary to capture the signals. The Committee itself has already had several successful video conference sessions with some members in Detroit and some in Lansing.

"Our Committee is really in its infancy in addressing issues relative to technology in the state," says Doctor Lekas. Telemedicine is one of the areas that we'll address in a more comprehensive way."

Members of the MSMS Committee on Technology in Medicine include:

Nicholas J. Lekas, MD, *Chair, Dearborn*
Robert M. Bouvier, Jr., MD, *Grand Blanc*
Nel da Gae S. Chisa, MD, *Royal Oak*
Joseph Elliott, MD, *West Bloomfield*
Dennis Harris, MMGMA, *Dearborn*
Oscar A. Linares, MD, *Lincoln Park*
Michael Madura, MD, *Grand Rapids*
Edmund J. Messina, MD, *Owosso*
James J. Miller, MD, *Lansing*
John M. Miller, III, MD, *Detroit*
Gary C. Paavola, MMGMA, *Flint*
Fred E. Patterson, MD, *Jackson*
James J. Rice, Jr., MD, *Muskegon*
Mark Rosenblum, MD, *Detroit*
David R. Rovner, MD, *East Lansing*
Susan J. Smith, MD, *Flint*
Barbara Zimmerman, *MSMS Staff*

Continued from previous page

Hospital, Paul Oliver Hospital in Frankfort, Mercy Hospital in Cadillac, Mercy Hospital in Grayling, Otsego Memorial Hospital, Leelanau Memorial Hospital, West Shore Hospital in Manistee, Community Hospital in Cheboygan, Northwestern Michigan College in Traverse City, Alpena General Hospital, Northern Michigan Hospital in Petoskey, and War Memorial Hospital in Sault Ste. Marie.

"The main idea behind REMEC was to reach out to first responder EMS medical personnel using telecommunications technology to get them the required education," recalls Joe Dechow, manager of Communications Services for Munson Medical Center and Munson Health Care in Traverse City. "If they don't have the proper continuing medical education, they stand to lose their licensure." Somers and Dechow credit former Northlight EMS Director Janet Blum with the concept for REMEC.



"I think you are going to see the technology in the home, with physicians doing virtual house calls, in the emergency room, the doctor's office, and a number of other places. I think you are going to see physician extenders, such as nurse practitioners and physician assistants, playing a much bigger role, coordinating care for larger numbers of patients." John W. Gosbee, MS, MS

Distance learning and the future

Dechow coordinated the design and installation of the network. He says the network was designed for REMEC's immediate mission, which is distance learning, but also with an eye to the future. "High band width is one of the things we were looking at," says Dechow. "Transmission quality is going to be very, very important for future telemedicine applications. Teleconferencing is just one part of it. We still need to talk to each other and we still need to pass data back and forth. We were able to blend all three of those applications together into one network infrastructure."

The REMEC network is also used for non-scheduled educational networking. Somers says neonatologists at Munson Medical Center recently met with physicians at two other REMEC hospitals to discuss transport protocols.

Craig Weisse, MD, director of emergency medicine at Paul Oliver Hospital, Frankfort, participated in that videoconference. He says there were about 10 participants on his end, mostly ER personnel including two physicians and several nurses, and about seven on the Munson end.

"I thought it was quite good and I was real pleased that we're utilizing the technology here," says Doctor Weisse. "It's kind of new to be actually able to ask a question specifically of individuals on the other end of the screen. I guess I need to feel a little freer to directly interact with people on the other end."

Off the back burner

Something as low tech as camera work, it turns out, may be a key element in promoting interaction in a videoconference. "I think it's pretty important to have somebody working the camera for the effect to be good, to feel that you're really communicating. I think we could definitely have a larger screen or come in closer," suggests Doctor Weisse.

His overall assessment?

"I think it has great utility here because we have such a hard time getting into Munson. It's a three-to-four-hour venture to go in for a conference or a meeting of any sort. We're looking at a half day time commitment," says Doctor Weisse. "I think this has great potential, especially for rural physicians, being unable to participate in something like that with their peers and ask questions of them. You know, our interactions are limited to consults and phone conversations, usually about specific patients, so something like this enables us to ask some questions that have been on the back burner for a while. I think that's wonderful. Coming from a larger medical center, it's what I miss here in a rural area."

Michigan Center for Rural Health

"One of the burn-out factors for physicians in rural communities is that they feel isolated," observes Jody Ross. "Well, it seems to me that rather than switching your practice after five years, you'd be much better advised to buy yourself a 486 computer with a nice software package and begin to get out and cruise."

The cruising being advocated here is on the information superhighway, of course. And if you are out in the sticks wondering what you're doing there, a short chat

with Ross will snap you out of it. She is project coordinator with the Michigan Center for Rural Health and is looking to change the face of rural medicine in Michigan.

A non-profit corporation created by the Michigan State Legislature in 1991, the Michigan Center for Rural Health (MCRH) is funded by a combination of state and federal money. In some states, MCRH's sister organizations are called offices of rural health. Their parent organization is the National Organization of Rural Health in the National Office of Health Policy, Washington, DC.

"One area to which the Center is truly committed is interconnectivity, utilizing the resources that already exist," says Ross. "If that's through an E-mail network where health professionals can begin to share ideas and express frustration, then that's where you have to start."

One such network is RURALMICH, which has begun to connect between 70 and 80 rural health clinics in Michigan so they can communicate about issues such as billing, recruitment, retention, and new federal regulations. In this instance, the MCRH collaborated with the Michigan Department of Public Health, the Michigan Association for Local Public Health, and the Michigan Primary Care Association.

A connection point

"The Michigan Center for Rural Health is charged with coordinating the efforts of people concerned with rural health in Michigan," explains Ross, who is finishing her PhD on the history of health legislation and health policy. "We serve as a clearinghouse and a connection point for people in rural health. We want to bring all the interested parties together, help people find money, and make sure they take advantage of existing resources. There is a lot out there. What we need to do is coordinate it so that we get the best that we can, with the most people using the equipment and the technology."

In terms of infrastructure, for example, Ross says the Michigan Department of Public Health has telecommunications connections in all its offices around the state. There are also satellite down-link capabilities in every county which is part of the US Department of Agriculture Cooperative Extension Service.

"We see telemedicine as pieces of the telecommunications pie. It has great potential for clinical consultation and as a teaching tool that the School of Medicine can use with its medical students, which is one of the things the Upper Peninsula Telemedicine Network is looking at," says Ross. "I think what intimidates people about telemedicine is the idea that they are going to be doing virtual reality surgeries. If I could make a suggestion to providers, it would be to get out on the information highway and start talking with one another."

How can they do that?

"You can do it through Prodigy," says Ross. "You can do it through CompuServe. Most states, particularly the Big Ten states in the Midwest, all have university systems. We're using the Michigan State University system to get people out in the rural health clinics communicating. All you need is a computer, a modem and communications software."

The next generation

Continued on next page

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For computerphobes, Ross says the MCRH has an extraordinarily easy to use system and will make office calls to demonstrate it. Communicating on the information highway is uniquely suited to a health care provider's demanding schedule. Instead of waiting for an annual conference or playing phone tag, a provider or staff person can begin a dialogue about issues of concern with his or her peers on the network whenever it's convenient. This kind of communication ultimately translates into more efficient practice management, better patient care, and more physicians practicing in rural areas.

The potential benefits for rural communities don't stop there.

"Recruiting physicians for rural communities when they are 23 and 24 years old is too late," Ross maintains. "I think these kinds of networks are the way we are going to get rural kids involved early in their communities so that they see a reason to come back. They play Star Wars video games. Why can't they start talking about medical issues and other issues that are valid for their community? It's too late to talk about this generation. We need to be looking at the next generation."

"If you're thinking about a telemedicine or a telecommunication project and you're in a rural health clinic or rural setting, probably the place to start would be to call the Michigan Center for Rural Health," Ross advises. "We have a pretty good feel for what's going on out there."

Center for Applied Medical Informatics (CAMI)

"When people hear the word telemedicine, they kind of conjure up a vision of a person being wheeled into an emergency room, blood spurting from their neck, and someone calls up a surgeon from a hundred miles away who performs some kind of complicated vascular surgery wearing virtual reality gloves," offers CAMI Executive Director John Gosbee. "It's not fantasy in that it could never work. It's just not feasible. It's not what's going to happen."

If you ask Doctor Gosbee what applied medical informatics is, he'll tell you it is the study of how to match problems and issues in medicine with communications and computer technology. The *applied* in CAMI is important because it means that in addition to doing research, Doctor Gosbee and company also go out and work with real medical students, physicians, and vendors. There are several dozen medical informatics programs around the country, says Doctor Gosbee, but few of them are doing applied things and CAMI may be the only one of its kind on a community campus.

"Not more than a half hour ago on the Internet," recalls Doctor Gosbee, "somebody posted something from central Michigan asking how in the world are they going to figure out what hardware and software they're going to use to put together a family practice residency in a rural area, how do they connect that rural site with the local medical center? Evaluating what you need and trying to match that need with the technology is pretty much what we do."

Telemedicine 2000

In addition, CAMI provides education and training to faculty, physicians, residents and students so they can make better decisions about what computers and telecommunications equipment they should buy or use. CAMI also consults with companies on the design of communications and computer equipment for the health care industry and conducts applied research on the best and most usable techniques to help providers figure out what they need. Doctor Gosbee says his colleague and CAMI Associate Director Richard Stahlhut, MD, MS, offers a tried and true approach to getting even acute technophobes comfortable and working with computers and other high tech communication tools.

The Michigan Center for Rural Health focuses strictly on rural providers and includes CAMI itself among its resources. CAMI's expertise, on the other hand, extends to medical practice in all environments. Before coming to Kalamazoo to develop and implement CAMI, Doctor Gosbee was principal scientist in the Human Factors Engineering Department of Lockheed, where he worked on the Space Shuttle and Spacelab projects. Prior to that, he was the project physician for the Space Station Freedom Health Maintenance Facility Project.

What does Doctor Gosbee envision for telemedicine by the year 2000? Will we be using telemedical applications as casually and routinely as we use the telephone today?

"That's the $64,000 question," Doctor Gosbee admits. "I think the answer is yes, but it's going to be in less traumatic situations than people imagine. I think you are going to see the technology in the home, with physicians doing virtual house calls, in the emergency room, the doctor's

office, and a number of other places. I think you are going to see physician extenders, such as nurse practitioners and physician assistants, playing a much bigger role, coordinating care for larger numbers of patients. Yes, people are going to wonder how they got along without being able to have a three-way conference between the oncologist, the oncology nurse and the family practice doctor."

An integrated system

Exactly what the telemedicine counterpart of today's telephone will look like, what it's going to be called, and exactly how it will work is something people like Doctor Gosbee are trying to figure out. He is confident, however, that it will be a single, integrated telemedicine system.

"The images we would all like to share," Doctor Gosbee suggests, "may not necessarily be the moving images of our face. They may be images of x-rays, the color of a patient's rash, the chart of the last five blood pressure readings, or the pathology report. All of those things integrated together and being shared in a group setting is more what I mean with the term integrated telemedicine."

There is another kind of integration that would be necessary for effective telemedical communication. Without that integration, telemedicine practitioners would end up playing phone tag.

"One of the biggest problems for people trying to consult with another physician is getting connected," says Doctor Gosbee. "So the other issue in terms of integration would be to have communication in the appropriate medium more or less on demand. Ideally, the physician or whoever's involved should not have to worry about the medium. What he or she should be able to concentrate on is the person and the message. That's the concept behind things like a universal phone number that follows you wherever you happen to be. If you're on beeper, that's where the phone number goes. If you're at home, your phone rings. If you're at work, it goes to the overhead pager. So it's integration not just in the sense that a single system can access audio, video, and computer media. It's..."

Virtual integration?

"Yup. That's a good word for it."

Getting there

Compared to telemedicine in Michigan, some projects in other parts of the country had an earlier start. REMEC Coordinator Sandra Somers said she visited some of them in 1992 to evaluate their equipment and operations: the University of Kansas Medical Center, Texas Tech HealthNet, the Medical College of Georgia, and the University of West Virginia. Except for Mayo Clinic's analog video satellite system, most of them, including REMEC and the Upper Peninsula Telemedicine Network in Michigan, are demonstration and evaluation projects.

Payers want convincing, long-term data before they'll reimburse providers for telemedical consults and procedures. Billions of dollars annually hang in the balance. For federally financed programs such as Medicare and Medicaid, the Health Care Financing Administration (HCFA) decides who gets paid, under what conditions, and how much. Private payers usually follow HCFA's lead.

Other issues related to telemedicine, such as patient confidentiality, clinical transmission standards, legal jurisdiction, tort issues, and interstate licensure, also need to be resolved. But none of these issues is likely to stand in the way for long. Millions of underserved Americans live far away from high quality health care. Telemedicine reaches across the miles, instantly. For rural physicians, for managed care companies, and for rural communities, the incentives to say yes to telemedicine and to the information superhighway are compelling. ■

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Bob Carlson writes for health care journals throughout the United States. He telecommutes from Indianapolis.



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PRACTICE MANAGEMENT

Give Your Practice a Spring Tune-up

By James J. Aluia

Like your car, your medical practice may need some spring adjustments. Although some of the newer automobiles can travel 100,000 miles between "tune-ups," the business side of your medical practice requires more frequent attention. Many times physicians believe that their practice may run on autopilot, until they begin to see acute signs of problems. Such complacency can often lead to surprises that will ultimately impact your patients, your staff and your bottom-line.



However, if you can devote time to making periodic adjustments to your practice, you may avoid a "breakdown" that will cause valuable time and effort to repair. The time devoted in making adjustments should serve as a preventive check for any yet-to-surface practice problems, even in a well-tuned practice. An effective "tune-up" will assess the current business side of the practice. It should allow for a positive change in your practice. And a "tune-up" may help identify or diagnose a practice problem.

All practices, regardless of their success or maturity, should undergo a "tune-up" or even a detailed audit periodically. More extensive audits are appropriate whenever a practice is planning a major change, i.e., adding a new program, a new physician, paraprofessional, or service.

Below are some ideas to begin thinking about which areas of your practice might need a spring tune-up:

- Have we updated our business systems, phones, computers, billing system, record keeping (financial system), payroll?

- Have we updated our medical record system?
- Are we still using typewriters for notes/tests?
- Are we satisfied with our current staff? Do we have too many? Too few? Do we have the right person for the job?
- What four projects can we work on this next year (one per quarter) to improve the business side of our practice?
- Which expense categories seem out of line: business travel, telephones, malpractice insurance? Can we do better?
- Are we satisfied with our billing effort? Can we eliminate "drop through charges?" Are we documenting properly?
- Is our accounts receivable too high? What is reasonable for our practice? What can we do to lower our accounts receivable in the next year?
- What condition is my physical plant in, i.e., medical equipment, office furniture, exam room equipment, etc? What needs replacement, what needs repair? ■

James Aluia is chief of practice management and PO development for MSMS.

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Practice Parameters:

A State's Rights Issue?

By John W. Hall, MD

Physicians traditionally think of practice parameters as a utilization review tool of managed care systems. A deviation from the parameter requires a call to 1-800-NURSE-MAY-I. The legislative initiatives of various states across the country have added some new twists.

The Maine medical liability project has captured a lot of headlines. Twenty practice parameters encompassing the specialties of anesthesiology, emergency medicine, radiology and OB/GYN have been incorporated into state law. The expectation was that the use of these practice parameters will decrease the use of defensive medical practices and offer physicians an affirmative defense in malpractice actions. The problem is that Maine, as a small New England state with a conservative population, is not the most representative state in which to test these theories. In the first three years of this demonstration project, no malpractice cases have surfaced that involve the use of practice parameters.

Massachusetts, Nevada, New York, Minnesota, Washington, Florida, Vermont, Maryland and Georgia have state health care reform programs in place. The specific application of practice parameters to Worker's Compensation is a frequent element in these state laws. In Massachusetts, for example, the *state* will be required to develop written guidelines. Any departure from these regulations "shall be presumed to be either an inadequate or unreasonable provision of health care services." Nevada and Washington at least recognize in their laws that parameters must be consistent with national or regional parameters.

Four obvious negatives

There are four obvious negatives to the use of practice parameters in this fashion. First, while it is nice to obtain malpractice defense by following the parameters, what happens if you do not follow a guideline to the tee? Are you therefore presumed guilty? Most legislation specifically prevents using the failure to follow parameters as a presumption of guilt. However, a skillful lawyer could certainly infer such to a jury.

Another negative feature is the presumption that practice parameters, no matter how august the developing organization, represent the final answer

in the delivery of care. It is essential that practice parameters be developed by physician-led organizations or specialty societies. Incomplete information has to be acknowledged and appropriate variation allowed. Arrogance that the parameter is all inclusive and that we know the "best way" is a recipe for disaster. The parameter can always be improved and is simply one step in a process. That process naturally leads to the measurement of outcomes which in turn feed back in a never ending CQI cycle to the revision of the parameters. At a minimum, parameters should meet the criteria outlined in the AMA's *Attributes to Guide the Development of Practice Parameters.*

Next, because practice parameters are part of a continuing medical education process, it is frightening and dangerous to have state legislatures or their bureaucracies as a player. Influenced by lobbyists, lay societies, insurance companies, pharmaceutical firms, public health departments, politicians and who knows how many other interest groups, the ultimate cake has too many bakers of dubious skill to allow them to determine the appropriateness of the medical care that only physicians are licensed to deliver. The medical profession must retain control of parameter development and implementation in order to avoid this inappropriate manipulation of medical care.

Finally, some of the states, through their Medicaid programs, are trying to limit reimbursement for services that are outside of state developed practice parameters. The Florida law states specifically that parameters will not be used for reimbursement decisions.

Another slippery slope

This practice represents another slippery slope for organized medicine. As a society, we must recognize the cost of medical care. However, as an individual physician, we have an ethical obligation to each and every patient that we treat. Practice parameters are general guidelines that outline a range of acceptable care for a population. The application of a guideline to a specific patient has to be governed by the best interest of the patient, and not as a cost limiting mechanism. Physicians should inform their patients of the entire ranges of treatment modalities that are available. They should research to see if practice parameters exist for the disease process in question. They should obtain the informed consent of their patient for any proposed therapy including those therapies that deviate from recognized practice parameters. As long as the patient is informed of their options, the individual must maintain a mechanism to opt out of the system imposed by practice parameters. ■

"Practice parameters are general guidelines that outline a range of acceptable care for a population. The application of a guideline to a specific patient has to be governed by the best interest of the patient, and not as a cost limiting mechanism."

Doctor Hall, a Petoskey urologist, is a member of the AMA Advisory Panel for the Evaluation of Practice Parameters.

Four obvious negatives

1. **What happens if you don't follow a guideline to the tee?** While most legislation specifically prevents using the failure to follow parameters as a presumption of guilt, a skillful lawyer could certainly infer such to a jury.

2. **It is presumed that, no matter how august the developing organization, parameters represent the final answer in the delivery of care.** Incomplete information has to be acknowledged and appropriate variation allowed. Arrogance that the parameter is all inclusive and that we know the "best way" is a recipe for disaster.

3. **Because practice parameters are part of a continuing medical education process,** it is frightening and dangerous to have state legislatures or their bureaucracies as a player.

4. **Some states, through their Medicaid programs, are trying to limit reimbursement** for services that are outside of state developed practice parameters.

STARK II **BANS 11** "designated health services"

Take time to study the exceptions and the penalties

Effective January 1, 1995, Stark II prohibits physicians or their immediate family members who have a "financial relationship" with an entity from referring their patients to the entity for "designated health services" covered by either Medicare or Medicaid. Stark I prohibited self-referral only for Medicare-covered clinical laboratory services. Stark II expands the ban to a list of 10 additional "designated health services" and applies when these services are covered by Medicaid, as well as Medicare.

The "designated health services" included in the ban are:

- Clinical laboratory services
- Physical therapy
- Occupational therapy
- Radiology services, including MRI, CT and ultrasound services
- Radiation therapy
- Durable medical equipment
- Parenteral and enteral nutrients, equipment and supplies
- Prosthetics, orthotics, and prosthetic devices
- Home health services
- Outpatient prescription drugs
- Inpatient and outpatient hospital services

The law defines an "immediate family member" as any of the following: husbands, wives, natural or adoptive parents, children, siblings, stepparents, stepsiblings, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law, sisters-in-law, grandparents, grandchildren, and spouses of grandparents or grandchildren.

A "financial relationship" is defined as either an ownership or investment interest or a compensation arrangement. The ownership interest in an entity may be through equity, debt or other means. A compensation arrangement exists when there is any remuneration between a physician and an entity, other than three specifically excluded types of remuneration.

Exceptions narrowly-defined

There are many exceptions to Stark II; however, they are narrowly defined and will not apply unless the precise requirements pursuant to the exception are met. Sanctions for violating Stark II include:

- Denial of Medicare or Medicaid payment for services furnished pursuant to a prohibited referral,
- Civil monetary penalties of up to $15,000 for each service furnished in violation of the act,
- Exclusion from the Medicare and Medicaid programs, and
- Civil monetary penalties of up to $100,000 if a physician is found to have engaged in a scheme to circumvent Stark II.

A detailed summary of Stark II, prepared by MSMS legal counsel, follows.

Summary of Stark II

Stark II is a federal statute designed to curb the abuses inherent in physician self-referral arrangements. This summary aims to provide a general understanding of the new law. Regulations giving more precise guidance on self-referral issues under Stark II have not yet been issued; further, very little enforcement history exists to serve as guidance. Therefore, concrete answers to Stark-related questions are difficult to formulate. This summary is not designed to provide concrete answers, but only to instruct on the general nature and coverage of the Stark II law.

Stark II generally prohibits physicians who have a "financial relationship" with an entity from referring their patients to the entity for "designated health services" covered by either Medicare or Medicaid.

Analysis of potential Stark II problems does not focus on intent to induce referrals. In other words, a referral may be prohibited *regardless of the parties' intent.* Instead, Stark analysis focuses on three basic questions: (1) Is there a *financial relationship* between a physician and the entity providing a "designated health service," (2) Are there physician *referrals* for designated health services to the entity, and (3) Do any *exceptions* apply? If the answer to the first or second question is "no," there are no Stark II problems. However, if the answer to both questions is "yes," unless an exception applies, Stark II violations may exist. Key issues and details relative to these questions will be explored more fully below.

What is a "financial relationship"?

A financial relationship is defined as either: (1) an ownership or investment interest, or (2) a compensation arrangement. Ownership interests in an entity may be through equity, debt or other means and include an interest in an entity that holds an ownership or investment in any entity providing the designated health services. A compensation arrangement exists when there is any remuneration between a physician and an entity, other than three specifically excluded types of remuneration. The first is forgiveness of amounts owned for inaccurate or mistakenly performed tests or procedures, or correction of minor billing errors. The second is payment made on a fee for service basis by an insurer or self-insured plan to a physician on behalf of a covered person. The third is remuneration in the form of provision of items, devices or supplies used to collect, transport or store specimens for the entity providing the item, device or supply or to order or communicate the results of tests or procedures. When any one of these three types of remuneration exist alone, it is not a compensation arrangement for purposes of Stark II. "Remuneration" under the statute includes "any remuneration, directly or indirectly, overtly or covertly, in cash or in kind." The law also prohibits physicians from referring to entities that have a financial relationship with one of his or her immediate family members.

How is a referral defined?

The statute defines "referral" as a request by a physician for an item or service payable under part B for a patient. Referrals include requests by a physician for a consultation with another physician and any test or procedure ordered or performed by, or under the supervision of, the consultant. If such a referral is for one of the 11 enumerated designated health services listed above that is covered by Medicare or Medicaid, Stark II is potentially implicated. A referral is also a request or the establishment of a plan of care by a physician that includes the provision of designated health services. Such a request or plan is not a referral if it is made by a pathologist for clinical diagnostic laboratory tests or pathological examination services, or by a radiologist for diagnostic radiology services, or by a radiation oncologist for radiation therapy so long as such services are furnished by or under the supervision of the pathologist, radiologist or radiation oncologist pursuant to a consultation requested by another physician.

What are the exceptions?

Although there are many exceptions to Stark II, they are narrowly defined. An exception will not apply unless the precise requirements relevant to that exception are met. There are *three categories of exceptions.* The first applies to both types of financial relationships, investment interests and compensation arrangements. The second relates only to compensation arrangements. The third relates only to ownership or investment interests.

1. Ownership interests and compensation arrangements - There are three general exceptions that apply to both types of financial relationships. The first is physicians' services provided personally by another physician in the same group practice, or under this other physician's supervision. "Physicians' services" are defined as professional services performed by physicians, including surgery, consultation, and home, office and institutional calls,

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but not including services provided by an intern or resident-in-training. The second is in-office ancillary services furnished personally by the referring physician, or by another physician in the same group practice, or by personnel supervised by a physician in the same group practice. To meet the requirements of this second exception, the services must be provided: (1) in a building where the referring physicians or group practice furnishes professional medical services unrelated to designated health services; or, (2) in another building used by the referring physician's group for the provision of some or all of the group's clinical lab services, or (3) in a building used for the centralized provision of the group's other designated health services. The services must also be billed by the physician performing or supervising the service or under a billing number assigned to the group practice. Services may also be billed by an entity wholly owned by the group practice. Excluded from this exception are parenteral and enteral nutrients, equipment and supplies; and, durable medical equipment, other than infusion pumps. For purposes of both of the above exceptions, the law specifically defines "group practice," setting forth numerous criteria that a group must meet in order to take advantage of the exceptions. These criteria will be discussed later in this summary. The third exception applicable to both types of financial interests concerns prepaid health plans. Physician relationships with federally qualified HMO's are excluded from the statute.

2. Ownership interests - Two exceptions apply only to ownership interests. The first covers investments securities in publicly traded companies having stockholder equity exceeding $75,000,000 at year end or on average during the previous three fiscal years. Such an investment interest in an entity will not qualify as a financial relationship for purposes of Stark law. The second exception relates to designated health services provided in three different situations: a) services provided by hospitals located in Puerto Rico, b) services provided in a rural area if substantially all of the designated health services are furnished to individuals residing in rural areas, or c) services referred by a physician authorized to perform services at a hospital in which he has an ownership interest. As to this last situation, the ownership interest must be in the hospital itself, not in a division of the hospital.

3. Compensation arrangements - Nine exceptions, listed below apply only to compensation arrangements:

(1) ***Rental of office space and equipment*** - Compensation for rent of space or equipment is not a financial relationship for purposes of Stark as long as: the lease is in writing signed by the parties and specifies the premises or equipment leased; the equipment or space leased does not exceed what is reasonable and necessary for the legitimate business purposes and is used exclusively by the lessee; the term is for at least one year; and the lease terms are consistent with fair market value and would be commercially reasonable if there were no referrals between the parties. Payment for the use of common areas also comes within the exception if such payments do not exceed the lessee's pro rata share of expenses for such space.

(2) ***Bona fide employment relationships*** - Remuneration for employment that meets the following criteria will not be deemed a financial relationship under Stark II: the employment is for identifiable services; remuneration is consistent with fair market value and is not based on the volume of value of referrals; and the arrangement would be commercially reasonable even if no referrals were made to the employer. There is an "exception to the exception" regarding payment not being based on the volume or value of referrals. An employer may pay a productivity bonus based on service personally performed by a physician.

(3) ***Personal service arrangements*** - Remuneration for personal service performed by a physician acting as an independent contractor will not be deemed a financial relationship as long as: the agreement is in writing signed by the parties, specifies the services covered, and includes all of the services that the physician will be providing; the aggregate services do not exceed what is reasonable and necessary for legitimate business purposes; the term is for at least one year; compensation is set in advance, does not exceed fair market value, and does not take the volume or value or referrals into consideration except as allowed in certain physician incentive plans discussed below; and the services to be performed do not involve counseling or promoting a business arrangement or activity that violates state or federal law.

(4) ***Physician incentive plans relating to appropriate utilization of services*** - This exception is designed to protect managed care delivery systems that utilize capitation or bonuses to reward appropriate utilization. To take advantage of the exception, the plan must meet specific criteria.

(5) *Remuneration unrelated to the provision of designated health services* - Remuneration paid by a hospital to a physician will not be deemed a prohibited financial arrangement if it "does not relate" to the provision of designated health services.

(6) *Physician recruitment* - Remuneration made by a hospital to a physician to assist in relocation is not a prohibited financial relationship as long as the physician is not required to refer patients to the hospital and the amount of remuneration is not based on the volume or value of referrals the physician makes to the hospital.

(7) *Isolated transactions* - Isolated financial transactions that are consistent with fair market value, are not based on volume or value of referrals, and would be commercially reasonable if no referral pattern existed between the parties, are not considered to be prohibited financial relationships under Stark II. Such transactions include one-time sales of property or practices.

(8) *Specific group practice arrangements with a hospital* - Services billed by a hospital but rendered by a group practice to inpatients pursuant to an arrangement for the provision of inpatient hospital services are exempt from Stark II if the following conditions are met: the designated health services are those customarily furnished by hospitals to inpatients; the arrangements began prior to December 19, 1989; substantially all of the designated health services provided under the arrangement are furnished to patients of the hospital by the group practice under the arrangement; the services to be provided and the compensation are specified in writing; and the compensation is consistent with fair market value, is not based on the volume or value of referrals and would be commercially reasonable in the absence of referrals between the parties.

(9) *Payments by physicians for items and services* - Payments made by physicians to a laboratory in exchange for the provision of clinical laboratory tests or to an entity as compensation for other items or services rendered will not be deemed a financial relationship if such remuneration is consistent with fair market value.

Group practices and Stark II

The term "group practice" is narrowly and precisely defined under Stark II. As outlined above, certain referral arrangements between hospitals and group practices are exempt from Stark, as are certain referrals for in-office ancillary services and physicians' services performed within a group practice. To qualify for these exceptions, the group must meet specific criteria. It must consist of two or more physicians legally organized as a partnership, professional corporation, foundation, not-for-profit corporation, faculty practice plan or similar association. Each physician in the group must provide substantially all of his or her services through the group's shared office space, facilities, equipment and personnel. In addition, substantially all of the services of physicians in the group must be provided through the group and billed under the group's billing number. Amounts received must be treated as receipts of the group. Further, overhead expenses and income of the practice must be distributed according to previously determined methods. In addition, members of the group must personally conduct at least 75 percent of the physician-patient encounters of the group practice. It is very unlikely that a hospital or its unincorporated ambulatory division could meet all of the above qualifications and be deemed a group practice for purposes of Stark II. Finally, methods of compensation to physicians in the group cannot be based, directly or indirectly, on the volume or value of referrals made by that physician. There is an exception made for productivity bonuses paid to physicians within a group practice. Physicians in group practices may be paid bonuses based on services personally performed so long as the share or bonus is not determined in a manner directly related to the volume of value of referrals. Special rules apply to faculty practice plans. Plans associated with a hospital, college or university, or medical school having an approved medical residency training program must meet the definition of "group practice" outlined above only with respect to services provided within the faculty practice plan. Services provided outside the plan will not count against the plan for purposes of satisfying the definition.

Reporting

Entities providing designated health services must report certain information to Secretary of the Department of Health and Human Services concerning the entity's ownership arrangements. The statute specifies that such information includes a listing of those designated health services that are provided by the entity and the names and identification number of all physicians having an ownership or investment interest in the entity, or whose immediate relatives have such an ownership or investment interest. In addition, physicians must re-

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port both their investment interests and compensation arrangements with entities that provide designated health services. The deadline for reporting under the statute has not yet been determined.

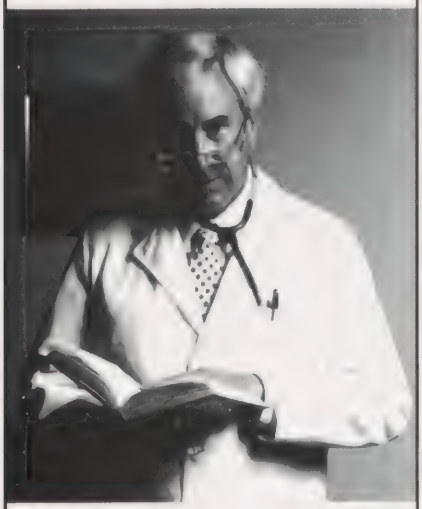
Penalties severe

Penalties under Stark II are severe. Once a proscribed referral is made, any payment for the services is virtually shut off. The entity cannot submit a claim to Medicare or Medicaid, and cannot bill any individual or any third party payor. In addition, violators must return all improperly collected monies. Each instance of service arising from a prohibited referral subjects violators to a monetary penalty of not more than $15,000 for each such service. In addition, any physician or other entity that enters into an arrangement or scheme which the physician or entity should know violates the self-referral ban under Stark II, is subject to monetary penalties up to $100,000 for each such arrangement or scheme. Finally, failure to report as outlined above subjects the person or entity required to report to a $10,000 fine for each day for which reporting is required to have been made. Penalties apply to both individuals who violate the terms of the statute and to the entities on behalf of which those individuals act. Finally, Stark law violations can result in exclusion of both physicians and providers of designated health services from the Medicare program. ■

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Physician Responsibility for Patient Irresponsibility

By Julie Smith

Q: What should I do if one of my patients, who appears to be intoxicated, insists upon driving?

A: Attempts should be made to detain the individual to the point of sobriety or until alternate transportation, such as a bus, taxi, or a ride through a friend or relative can be arranged. Under no circumstances should an office staff member take responsibility for transporting the patient. This places the staff member at risk should the individual become violent and places the physician at risk should the vehicle become involved in an accident while the staff member is driving. To maintain physician-patient confidentiality, the patient's permission must be obtained before contacting a friend or relative. If it is the physician's opinion that the patient is so impaired as to present real risk to himself or others on the road, the impression is obvious and not determined within the confines of the physician-patient relationship, and the patient refuses alternate transportation, the local police should be contacted to place the individual in protective custody. Failure to contact the police, thus allowing the patient to leave the practice, could result in legal action brought against the physician in the event a related injury occurs.

Q: What is the requirement for reporting patients experiencing seizures to the Michigan Secretary of State?

A: Only six states - California, Delaware, Nevada, New Jersey, Oregon and Pennsylvania - require physicians to notify government officials of patients with certain disorders that could impair driving ability. While you are not required to report such patients to the government in Michigan, you are responsible for educating the patient as to the limitations placed upon him or her due to the physical condition and the possible consequences of certain activities, such as driving a vehicle. This information should be verbally communicated to the patient, and should also be provided in writing either through a prepared pamphlet or a letter written specifically to the patient. The medical record should reflect all education provided, including a copy of any related letters sent to the patient. Should the physician become aware that the patient continues to drive despite the warning, additional education should be provided and referenced in the patient's medical record. ■

Have a Question About Risk Management? *MSMS can help you*

Michigan Medicine is pleased to feature Risk Management Exchange - a regular column which offers answers to physicians' questions about risk management. All questions and answers are reviewed by MSMS legal counsel, Richard D. Weber, of Kerr, Russell and Weber, Detroit, prior to publication. If you would like to submit questions for publication in this column, contact Julie Smith at MSMS at (517) 336-5757.



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Genesee County

GCMS foundation receives award from Wellness HIV/AIDS Services

In a ceremony following the 5th Annual World AIDS Day CandleWalk December 1, 1994, Wellness HIV/AIDS Services of Flint presented its Rev. Robert Haynes Atwood Community AIDS Service Award to the Genesee County Medical Society (GCMS) Foundation. Presenting the award was Michael Boucree, MD, chair of the Wellness Board of Directors and Robert Bader, Wellness executive director. Peter Levine, GCMS executive director, accepted the award on behalf of Allen F. Turcke, MD, GCMS Foundation president.

"This award is given to an individual or organization advocating on behalf of the AIDS community," said Doctor Boucree. "The Medical Society Foundation (MSF) was selected because of its willingness to be fiduciary for several grants and for its technical role in helping the AIDS community without any cost to that community," he said.

The MSF has been acting as fiscal intermediary for the local Ryan White funding over the past five years - at no cost to the AIDS provider community. It began as a one-county project and is now designated to cover nine counties by the Michigan Department of Public Health.

"It was an honor accepting this award for the Medical Society Foundation. Foundation members' efforts are greatly appreciated by the AIDS community and they are very deserving of such an award," said Levine.

Saginaw County

Bylaw amendment increases SCMS Board of Directors by three

Over several meetings in the spring of 1994, the Board of Directors of the Saginaw County Medical Society discussed the possibility of increasing the size of its Board by adding several at-large members. The Board referred the matter to the SCMS Bylaws Committee to draft the necessary amendment to the bylaws.

Richard P. Heuschele, MD, chair of the SCMS Bylaws Committee, presented a proposed amendment recommending the addition of three directors to the Board, each with a term of one year. It was felt that this addition would encourage more participation and increase the flow of ideas.

Valeriano D. Hereza, MD, SCMS president, led the November 1994 general membership meeting at which the amendment was unanimously approved. The new directors will be voted in during the Society's May election.

Society members feel that the one-year election for the new directors is an appropriate method to introduce young physicians, residents and others to the Society who have not previously served or whose special skills are needed.

Wayne County

WCMS committee produces educational videos for international medical graduates

Are you an International Medical Graduate (IMG) with concerns about your new life in the United States? If so, you may appreciate a new video service produced just for you.

The IMG Committee of the Wayne County Medical Society (WCMS) has completed its third video on cultural awareness to be used as an educational tool geared toward IMGs.

In September of 1993, the Committee received $1,500 to produce the video series that intends to help IMGs adjust to practicing medicine in the US once they have passed the required English proficiency exam. The videos give tips on what IMGs can do to feel more comfortable, including: How to prepare to be interviewed in order to secure a job or gain admittance into a program; how to dress for business and social occasions; ways to reduce accents; and on American culture and the US political process.

Funding for the videos came from several organizations, including: the Francis P. Rhoades, MD, Memorial Foundation; the Korean Physicians of Michigan; the Michigan Association of Physicians from India; and the Philippine Medical Association of Michigan.

If you have suggestions for topics to be used in future videos, please contact Alice Waite at WCMS Headquarters at (313) 567-1640. ■



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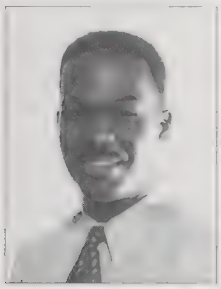
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Michigan

MSMS Members On the Move

Charles Montgomery Boyd, MD, a University of Michigan resident physician, is one of 40 honorees of the American Medical Association/ Burroughs Wellcome Co. Leadership Award Program for resident physicians. Doctor Boyd was recognized for his contributions to community service which include mentoring and tutoring Detroit students as part of a math and science program, and working on Capitol Hill to help write health care legislation.



John H. Beernink, MD, is the newly-installed president of the 900+ member Kent County Medical Society. A plastic surgeon, Doctor Beernink received his medical degree from the University of Michigan Medical School and took his residency in general surgery at Blodgett Memorial Medical Center and plastic surgery residency at Butterworth Hospital.

David Janda, MD, director of the Institute for Preventative Sports Medicine, Ann Arbor, is a newly-appointed member of a committee that will analyze injury data pertaining to National Football League players. He is one of only three committee members appointed by the National Center for Injury Prevention and Control (NCIPC), which was approached by the NFL Players Association to conduct the research. Doctor Janda is also a member of the International Collaborative Effort on Injury sponsored by the Centers for Disease Control and Prevention, the National Institutes of Health Task Force on Trauma Research, and Governor Engler's Council on Physical Fitness, Health and Sports.

John Picone, DO, has been selected "Michigan's Family Practice Physician of the Year" by the Michigan Chapter of the American Academy of Family Physicians. Doctor Picone is in private practice in Okemos.

Steven E. Swanson, MD, is the newly-elected president of the Michigan Association of Neurological Surgeons, based in Ann Arbor. Doctor Swanson is chief of neurosurgery at St. Joseph Mercy Hospital, Ann Arbor.

Moufid Mitri, MD, a specialist in thoracic/peripheral vascular surgery, is newly-named chief of staff at Crittenton Hospital, Rochester. On staff at Crittenton Hospital since 1968, Doctor Mitri has served as chief of surgery, vice chief of staff, and director of the vascular laboratory. He is a member of the Society of Thoracic Surgeons, American Medical Association, MSMS and the Oakland County Medical Society.



Robert J. Sokol, MD, dean of the Wayne State University School of Medicine, is recipient of The Society of Perinatal Obstetricians' Achievement Award for outstanding professional achievement. The award recognizes Doctor Sokol's invaluable contributions to the Society, of which he is a founding member. Doctor Sokol is an internationally-known obstetrician who is considered the foremost expert on alcohol-related birth defects. He is listed as one of "The Best Doctors in America" in a national directory, and has been named by *Good Housekeeping* magazine as one of the nation's top physicians. He has been cited consistently as one of Detroit's "Top Docs" in a local magazine's published annual poll. ■

MSMS Members On the Move sponsored by: Stratton, Cheeseman and Walsh, Inc., Administrator of the Michigan State Medical Society Group Insurance Programs

OBITUARIES

Jon D. Mc Whirter, MD
St. Joseph

Jon D. Mc Whirter, MD, a dermatopathologist, died November 16, 1994. He was 54. A 1967 graduate of the University of Michigan Medical School, Doctor Mc Whirter was affiliated with St. Joseph Memorial, Mercy, and Watervliet Community Hospitals. He was a member of Berrien County Medical Society and MSMS.

Harold J. Meier, MD
Coldwater

Harold J. Meier, MD, a retired trauma surgeon, died October 4, 1994. He was 90. A 1929 graduate of the University of Michigan Medical School, Doctor Meier was affiliated with Coldwater Community Hospital. He was a member of Branch County Medical Society and MSMS.

Jack H. Nessel, MD
West Bloomfield

Jack H. Nessel, MD, a retired surgeon, died October 10, 1994. He was 72. A 1946 graduate of the University of Michigan Medical School, Doctor Nessel was affiliated with St. Joseph Mercy Hospital. He was a member of Oakland County Medical Society and MSMS.

Albert H. Reisig, MD
Monroe

Albert H. Reisig, MD, a retired internal medicine specialist, died November 10, 1994. He was 88. A 1932 graduate of the University of Michigan Medical School, Doctor Reisig was affiliated with St. Joseph Mercy Hospital. He was a member of Monroe County Medical Society and MSMS.

William Rottschaefer, MD
Holland

William Rottschaefer, MD, a retired surgeon, died November 11, 1994. He was 78. A 1943 graduate of the University of Michigan Medical School, Doctor Rottschaefer was affiliated with Holland City and Zeeland Community Hospitals. He was a member of Ottawa County Medical Society and MSMS.

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OBITUARIES

G. L. Schaeberger, MD
West Branch

G. L. Schaeberger, MD, a emergency medicine specialist, died October 1993. He was 51. A 1974 graduate of Michigan State University College of Human Medicine, Doctor Schaeberger was affilitated with Tawas and Tolfree Memorial Hospitals. He was a member of Iosco County Medical Society and MSMS.

Lewis E. Simoni, MD
Burton

Lewis E. Simoni, MD, a retired general practitioner, died November 29, 1994. He was 73. A 1946 graduate of Marquette School of Medicine in Wisconsin, Doctor Simoni was affiliated with St. Joseph, Hurley Medical, McLaren and Genesee Memorial Hospitals. He was a member of Genesee County Medical Society and MSMS.

Alexander S. Ullmann, MD
Rochester

Alexander S. Ullmann, MD, a retired pathologist, died October 11, 1994. He was 69. A 1950 graduate of the University of Budapest in West Germany, Doctor Ullmann was affiliated Crittenton Hospital. He was a member of Oakland County Medical Society and MSMS.

Fredrick Weissman, MD
Franklin

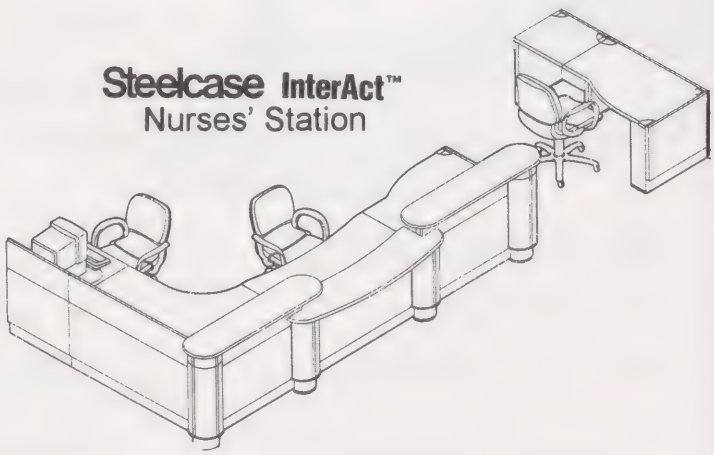
Fredrick Weissman, MD, a retired plastic surgeon, died October 6, 1994. He was 70. A 1953 graduate of Wayne State University School of Medicine, Doctor Weissman was affiliated with Sinai, Receiving Hospitals of Detroit and Detroit Memorial Hospitals. He was a member of Wayne County Medical Society and MSMS. ■

Remember your colleagues and loved ones

There isn't a more lasting and rewarding way to remember your colleagues and loved ones then by making a contribution in their memory to the **MSMS Health Education Foundation.** Contributions made to the MSMS Health Education Foundation help support numerous worthwhile community-based projects, such as CPR training, parent respite centers and language disability centers. Decide today to honor your colleagues or loved ones by making a contribution to the Foundation. For more information contact Dawn M. Reha, Executive Secretary, 120 W. Saginaw, East Lansing, MI 48823, (517) 336-7589.

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BOARD OF MEDICINE ACTIONS

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate action and are reproduced verbatim from summaries prepared by the Michigan Department of Commerce, Office of Health Services.

Name: William S. Boutwell, MD, 231 Parkside Drive, Zeeland, MI 49464
Action, Date Taken: License Suspended - 6 months & 1 day, Fine $5,000, 01-18-95
Reason: Failure to meet Continuing Medical Education Requirements

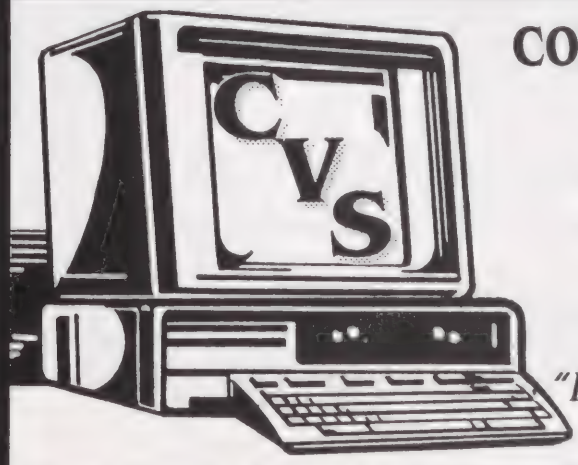
Name: Maria del Carmen Soto, DO, 4089 Capital Avenue SW, Battle Creek, MI 49017
Action, Date Taken: License Suspended - 30 days, Fine $500, 01-08-95
Reason: Failure to meet Continuing Medical Education Requirements

Name: James F. Eichmeier, MD, 2934 Mt. Hope Road #208, Okemos, MI 48864
Action, Date Taken: Suspended - 6 months, Limited - 3 yrs., Probation - 1 yr., Fine $1000, 01-20-95
Reason: Negligence - Incompetence

Name: Arun Gupta, MD, 750 Stewart Rd., Suite 3, Monroe, MI 48161
Action, Date Taken: Probation - 1 yr., Fine $2000, 01-20-95
Reason: Negligence - Incompetence

Name: Benjamin E. Imperial, MD, 16 E. Buffalo St., New Buffalo, MI 49117
Action, Date Taken: License Summarily Suspended, 12-09-94
Reason: Criminal Conviction - Drug Related

Name: James N. Kaufman, MD, 228 Bellows Avenue, Frankfort, MI 49635
Action, Date Taken: Probation - 1 yr., Reprimand, Fine $1,000, 12-21-94
Reason: Drug Related



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BOARD OF MEDICINE ACTIONS

Name: Jonathan Levi, MD, 2135 Sheffield, Kalamazoo, MI 49008
Action, Date Taken: License Summarily Suspended, 01-17-95
Reason: Negligence-Incompetence, Lack of Good Moral Character
Name: George P. Malick, MD, 25779 Kelly Road, Suite A, Roseville, MI 48066
Action, Date Taken: License Summarily Suspended, 01-18-95
Reason: Negligence-Incompetence, Lack of Good Moral Character

Name: Sunil P. Pandit, MD, 204 Ardussi Avenue, Saginaw, MI 48602
Action, Date Taken: *CORRECTION* License Suspended - 3 months, Fine $5000, 01-02-95
Reason: Negligence

Name: Thomas F. Richmond, MD, 520 Cobbs Street, Cadillac, MI 49601
Action, Date Taken: License Voluntarily Surrendered, 12-21-94
Reason: None Available

Name: William A. Scalf, MD, P.O. Box 1983, Grand Rapids, MI 49501
Action, Date Taken: *CORRECTION* License Suspended - 30 days, Fine $1,000, 01-13-95
Reason: Failure to Meet Continuing Medical Education Requirements

Name: James Sirajuddin, MD, 203 Center Street, South Haven, MI 49090
Action, Date Taken: Reinstatement Denied, 12-21-94
Reason: None Available

Name: Michael J. Stanek, DO, 1779 Cadbury NW, Massillon, OH 44646
Action, Date Taken: Reclassified w/Unlimited License, 12-06-94
Reason: None Available

Name: Erol Ucer, MD, 1513 S. Center Road, Burton, MI 48509
Action, Date Taken: License Summarily Suspended, 12-30-94
Reason: Criminal Conviction - Insurance Fraud ■

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MEETINGS

MSMS MEETINGS

March

11, Financial Planning & Management. Novi. Contact Roberta Lott at (517) 336-5767.

13, Closed Claim Review Session - Otolaryngology. Saginaw. Contact Debra Metro at (517) 336-5769.

14, Closed Claim Review Session for the Office Staff. Novi. Contact Debra Metro at (517) 336-5769.

15, MSMS Board of Directors Meeting. MSMS Headquarters. East Lansing. Contact William E. Madigan, MSMS Executive Director, at (517) 336-5733.

16, Closed Claim Review Session - Ob/Gyn. East Lansing. Contact Debra Metro at (517) 336-5769.

16, MSMS Maternal and Perinatal Health Conference "Contemporary Controversies in Perinatal Care." Kellogg Center, East Lansing. Contact: Sarah Cressman at (517) 336-5727.

21, Medicare Update. Flint. Contact Roberta Lott at (517) 336-5767.

21, Closed Claim Review Session - Anesthesiology. Grand Rapids. Contact Debra Metro at (517) 336-5769.

22, Closed Claim Review Session for the Office Staff. Muskegon. Contact Debra Metro at (517) 336-5769.

22, Medicare Update. Royal Oak. Contact Roberta Lott at (517) 336-5767.

23, Closed Claim Review Session - Anesthesiology. Kalamazoo. Contact Debra Metro at (517) 336-5769.

25-4/1, Medical Roundtable. Acapulco, Mexico. Contact...

27, Closed Claim Review Session for the Office Staff. Petoskey. Contact Debra Metro at (517) 336-5769.

28, Closed Claim Review Session - Anesthesiology. Royal Oak. Contact Debra Metro at (517) 336-5769.

29, Capitation & Managed Care Contracting. Ritz Carlton - Dearborn. Contact Roberta Lott at (517) 336-5767.

29, Closed Claim Review Session - Anesthesiology. Michigan State Medical Society Headquarters. Contact Debra Metro at (517) 336-5769.

30, Closed Claim Review Session - Anesthesiology. Flint. Contact Debra Metro at (517) 336-5769.

April

4, Reception & Patient Flow Techniques. Grand Rapids. Contact Roberta Lott at (517) 336-5767.

4, Better Collections & Insurance Methods. Grand Rapids. Contact Roberta Lott at (517) 336-5767.

4, Closed Claim Review Session - Family Practice. Novi. Contact Debra Metro at (517) 336-5769.

5, Reception & Patient Flow Techniques. Ann Arbor. Contact Roberta Lott at (517) 336-5767.

5, Better Collections and Insurance Methods. Ann Arbor. Contact Roberta Lott at (517) 336-5767.

6, Closed Claim Review Session - Family Practice. Mt. Clemens. Contact Debra Metro at (517) 336-5769.

6, Reception and Patient Flow Techniques. Ritz Carlton - Dearborn. Contact Roberta Lott at (517) 336-5767.

6, Better Collection & Insurance Methods. Ritz Carlton - Dearborn. Contact Roberta Lott at (517) 336-5767.

7, Getting Started in a Medical Practice. Ritz Carlton - Dearborn. Contact Roberta Lott at (517) 336-5767.

7, Telephone and Scheduling Skills for Front Office Staff. Michigan State Medical Society Headquarters. East Lansing. Contact Roberta Lott at (517) 336-5767.

10, Closed Claim Review Session for the Office Staff. Mt. Clemens. Contact Debra Metro at (517) 336-5769.

11, Closed Claim Review Session - Family Practice. Muskegon. Contact Debra Metro at (517) 336-5769.

25, Closed Claim Review Session - Family Practice. Saginaw. Contact Debra Metro at (517) 336-5769.

27, Closed Claim Review Session - Family Practice. Michigan State Medical Society Headquarters. East Lansing. Contact Debra Metro at (517) 336-5769.

May

2, Clinical Conference #1: Prevention of Venous Thromboembolism. North Oakland Medical Center, Pontiac. Contact Debra Metro at (517) 336-5769.

3, Closed Claim Review Session - Obstetrics/Gynecology. Bay City. Contact Debra Metro at (517) 336-5769.

4, Closed Claim Review Session - Obstetrics/Gynecology. Novi. Contact Debra Metro at (517) 336-5769.

4, Clinical Conference #1: Prevention of Venous Thromboembolism. Hilton Hotel, Novi. Contact Debra Metro at (517) 336-5769.

5, Closed Claim Review Session - Obstetrics/Gynecology. East Lansing. Contact Debra Metro at (517) 336-5769.

5-7, MSMS House of Delegates Meeting. Ritz Carlton - Dearborn. Contact Donna Farougi at (517) 336-5735.

MEETINGS

5 & 7, MSMS Board of Directors Meeting. Ritz Carlton - Dearborn. Contact William E. Madigan, MSMS Executive Director, at (517) 336-5733.

7-10, MSMS Alliance House of Delegates Meeting. Ann Arbor. Contact Jennifer Anibal at (517) 336-7595.

9, Closed Claim Review Session - Obstetrics/Gynecology. Pontiac. Contact Debra Metro at (517) 336-5769.

9, Clinical Conference #1: Prevention of Venous Thromboembolism. WMU Regional Center, Grand Rapids. Contact Debra Metro at (517) 336-5769.

10, Closed Claim Review Session - Obstetrics/Gynecology. Grand Rapids. Contact Debra Metro at (517) 336-5769.

11-13, Physician Executive Leadership Institute. Ann Arbor. Contact Debra Metro at (517) 336-5769.

17, Capitation & Managed Care Contracting. Grand Rapids. Contact Roberta Lott at (517) 336-5767.

19, Pain Management. Location: Dearborn, Michigan. Contact: Office of Physician Education, (517) 336-5784.

24, Regional Scientific Meeting. Location: Amway Plaza, Grand Rapids, Michigan. Contact: Sarah Cressman, Chief, Clinical Education, (517) 336-5727.

25-26, MSMS Maternal, Perinatal and Child Health Retreat. St. Clair. Contact Andy Lott at (517) 336-5719.

July

13-16, MSMS Mid Summer Board of Directors Meeting. Boyne Mountain. Contact William E. Madigan, MSMS Executive Director, at (517) 336-5733.

September

6, Pain Management. Location: Grand Rapids, Michigan. **Contact:** Office of Physician Education, (517) 336-5784.

November

2-4, Michigan State Medical Society Annual Scientific Meeting. Location: Lansing Center, Lansing, Michigan. **Contact:** Sarah Cressman, Chief, Clinical Education, (517) 336-5727.

AMA MEETINGS

April

23-26, AMA Leadership Conference/Washington Fly-In. Washington, DC. Contact Judy Marr, Manager, MSMS Department of Communications & Professional Relations, at (517) 336-5744.

June

18-22, AMA Annual House of Delegates Meeting. Chicago, IL. Contact Judy Marr, Manager, MSMS Department of Communications & Professional Relations, at (517) 336-5744.

December

3-6, AMA Interim Meeting. Washington, DC. Contact Judy Marr, Manager, MSMS Department of Communications & Professional Relations, at (517) 336-5744.

MICHIGAN SPECIALTY SOCIETY MEETINGS

April

22, Michigan Society of Anesthesiologists Annual Spring Meeting. Grand Rapids. Contact Jennifer Anibal at (517) 336-7595.

27-30, Michigan Society of Medical Assistants Convention. Midland. Contact Caroline Kimmel at (517) 336-7587.

May

9-12, Michigan Society for Respiratory Care 37th Annual Scientific Symposium. Holiday Inn South/ Convention Center, Lansing. Contact Caroline Kimmel at (517) 336-7587.

OTHER MEETINGS

April

28-5/5, American Occupational Health Conference. Sands Expo and Convention Center, Las Vegas, Nev. Contact ACOEM, 55 W. Seegers Rd., Arlington Heights, IL 60005, (708) 228-6850.

May

17-20, 18th Annual National Conference, National Rural Health Association. Atlanta, Georgia. Contact: National Rural Health Association, National Service Center, One West Armour Blvd., Suite 301, Kansas City, MO 64111. ■

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CATEGORY I COURSES

Michigan Medicine each month carries a list of opportunities in Michigan for doctors of medicine to obtain Category I credit toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least three hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters, (517) 337-1351.

MARCH

11, Colon and Rectal Cancer Symposium. Location: BCBSM Auditorium, Southfield, Michigan. **Sponsor:** Blue Cross Blue Shield of Michigan. **Contact:** Delores Devyak, (313) 225-0163. **Approved for:** 4.0 hours of Category I Credit.

15-17, A Symposium in Diabetes Care. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Michigan Diabetes Research and Training Center, Michigan Affiliate of the American Diabetes Association. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

21-25, Family Practice 1995: 19th Annual Spring Review Course. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Family Practice, Michigan Academy of Family Physicians. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

23-24, Coloscopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

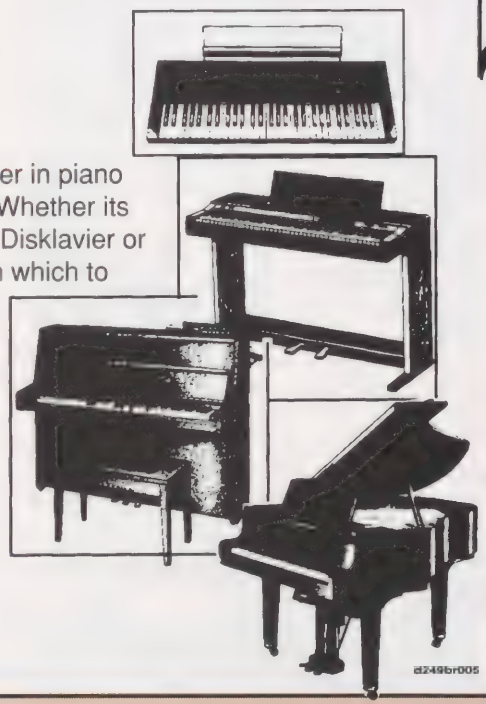
30-31, Challenges and Changes in Obstetrics and Gynecology. Location: Towsley

Continued on next page

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CATEGORY I COURSES

Continued from previous page

Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

APRIL

1, Transvaginal Ultrasound Workshop. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

5-7, Ultrasound in Obstetrics and Gynecology. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Radiology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

7, Intraoperative Facial Nerve Monitoring: A Tutorial and Hands-On Workshop. Location: Providence Hospital, Southfield, Michigan. **Sponsor:** Michigan Ear Institute, Wayne State University School of Medicine, Providence Hospital, WSU-OHEP CME Program. **Contact:** OHEP Center for Continuing Medical Education, 21415 Civic Center Drive, #301, Southfield, Michigan, 48076-3954, phone - (810) 354-2150, fax - (810) 354-0385. **Approved for:** 7.5 hours of Category I Credit.

19-20, Office/ER Ultrasound. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 11.75 hours of Category I Credit.

21-22, Stress EKG. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.0 hours of Category I Credit.

24-28, 23rd Annual Spring Update: Advances in Internal Medicine. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Internal Medicines. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medi-



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CATEGORY I COURSES

cal School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

MAY

18-19, Vestibular Rehabilitation. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Otolaryngology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

19-20, Coloscopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

24-26, Selected Hot Topics in Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 22.5 hours of Category I Credit.

31-June 2, Current Topics in Blood Banking: 22nd Annual Symposium. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Pathology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

JUNE

15-16, Dermatologic Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.5 hours of Category I Credit.

19-23, 31st Annual Northern Michigan Summer Conference: An Update on Common Clinical Concerns. Location: Shanty Creek Resort, Bellaire, Michigan. **Sponsor:** University of Michigan Medical School, Department of Family Practice. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

Continued on page 47

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— Dr. Archibald Dettman, Shiawassee Family Medicine

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CATEGORY I COURSES

Continued from page 45

22-23, Coloscopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

24, LEEP/LETZ/LOOP. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 6.25 hours of Category I Credit.

JULY

9-12, 21st Annual Mackinac Island Course: Advances in the Management of Infectious Diseases. Location: Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Michigan Medical School, Division of Infectious Diseases, Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 13.0 hours Category I Credit.

14-15, Sclerotherapy. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 11.25 hours of Category I Credit.

28-29, 75th Annual Coller Penberthy Thirlby Medical Conference. Location: Park Place Hotel, Traverse City, Michigan. **Sponsor:** Munson Medical Center and Medical Staff. **Contact:** Paula Parshall, Medical Education, Munson Medical Center, 1105 Sixth Street, Traverse City, Michigan, 49684-2386, phone - (616) 935-6546, fax - (616) 935-7124. **Approved for:** 9-13 hours of Category I Credit.

AUGUST

9, Flexible Sigmoidoscopy. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 5.5 hours of Category I Credit.

9-10, Colonoscopy/Common Anorectal Disorders/Hemorrhoid Treatment. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.25 hours of Category I Credit.

11-12, EGD (Gastroscopy). Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.0 hours of Category I Credit.

24-25, Coloscopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

26, Vasectomy (No-scalpel technique). Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 5.5 hours of Category I Credit.

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CATEGORY I COURSES

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SEPTEMBER

14-16, Cancer Prevention and Screening. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 22.0 hours of Category I Credit.

OCTOBER

6-7, OB Ultrasound. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.25 hours of Category I Credit.

26-28, Selected Hot Topics in Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 22.5 hours of Category I Credit.

NOVEMBER

3-4, Colposcopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

16-17, Dermatologic Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.5 hours of Category I Credit.

18, Advanced Suturing. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 4.0 hours of Category I Credit.

CATEGORY I COURSES

DECEMBER

1-2, EGD (Gastroscopy) Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.0 hours of Category I Credit.

7-8, Colposcopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

9, LEEP/LETZ/LOOP. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 6.25 hours of Category I Credit.

10, Advanced Colposcopy. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 7.5 hours of Category I Credit. ■



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PRESIDENT'S PAGE

MSMS establishes committee for corporate affiliated physicians

By Jack L. Barry, MD

"Greater than the tread of mighty armies is an idea whose time has come."
— Victor Hugo, 1852

Over the past couple of years I have heard from a number of physicians who feel that MSMS is not fully meeting the needs of a certain segment of our membership.

The segment I'm referring to is the growing number of physicians who are employed or affiliated with various corporate entities.



At this point, there isn't any specific data regarding these physicians, but it's obvious to me that more and more physicians are practicing in non-traditional settings. The traditional stances and political activities of MSMS, therefore, may not fit as well as they might for this growing segment of our membership.

But just what are corporate affiliated physicians?

It may be easier to say what they are not. They are physicians who are not in traditional solo or private group practices where they are wholly self-employed. They may be employed partners in a group practice or clinic. They may be employed and/or contracted directly by a hospital or other health care institution. They may be medical directors or administrators at hospitals, nursing homes or educational programs.

In an effort to get a handle on this rapidly emerging trend, the MSMS Board of Directors has established a new committee called the Corporate Affiliated Physicians (CAPs) Committee. It is chaired by Harry L. Doerr, MD, an obstetrician/gynecologist from Berkley. Its first meeting was held December 20, 1994.

At this inaugural meeting, a list of interests and concerns was developed and discussed. They included the general differences in interests between private practice and employed physicians, perceived status differences, perceptions that MSMS services are focused on self-employed physicians, differences in political activity focuses and CAPs contracting processes, among others.

The responses to these concerns will take some time and a lot of discussion and hard work.

The CAPs Committee also looked at some potential activities including determining the numbers of CAPs in Michigan and how many of them are MSMS members, educating all physicians about the rapidly changing practice forms and educating CAPs about contracting and negotiation skills, among others.

Over the next couple of months, the CAPs Committee members will decide upon its initial activities and develop a long-range mission.

I think the establishment of this committee is an idea whose time has come. Fax me a note at 517-337-2490 and let me know what you think. ■

Doctor Barry is MSMS president.

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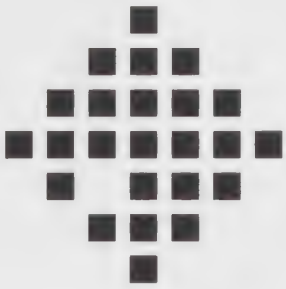
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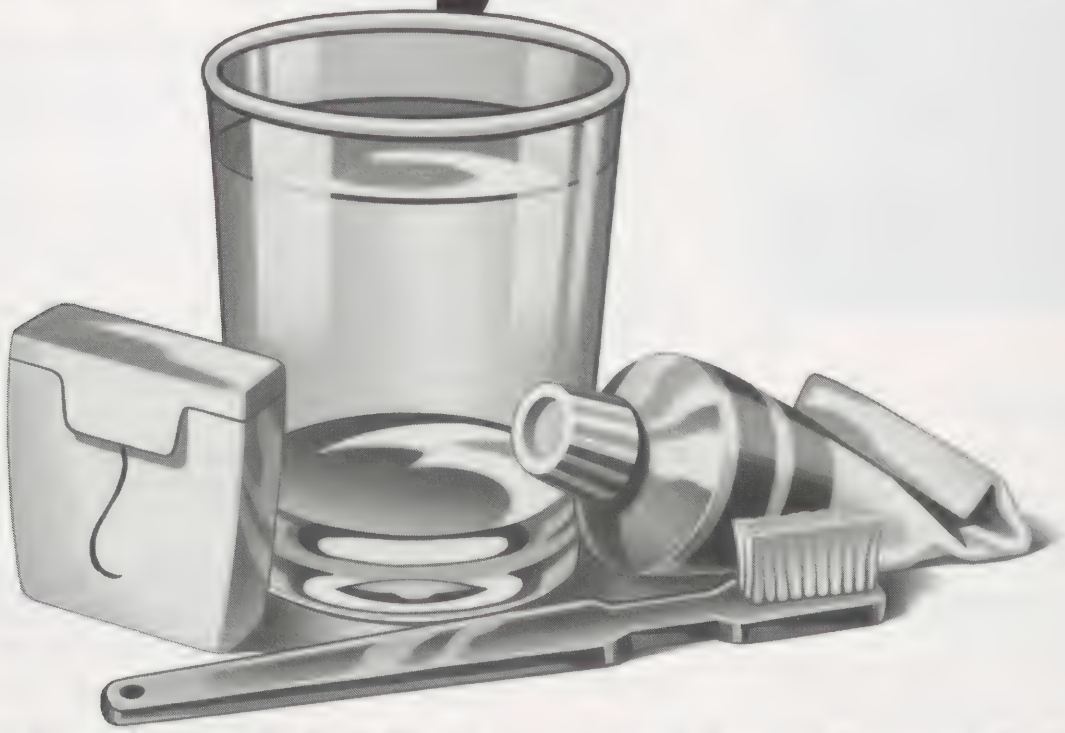
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In next month's issue:
Complete results of the MSMS MD Data II Survey.

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The Michigan State Medical Society Committee on Publications is the editorial board of **Michigan Medicine** and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

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Michigan Medicine (ISSN 0026-2293) is the official journal of the Michigan State Medical Society, published under the direction of the Publications Committee. It is published 12 times per year on a monthly basis. Second class postage paid at East Lansing, Mich. and at additional mailing offices. Yearly subscription rate, $100.00 (includes weekly *Medigram* newsletter); single copies, $5.00. Printed in USA. All communications relative to articles, news and exchanges should be addressed to Betty McNerney, advertising to Pat Horan, and address changes to Kathy Hagen, Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950. Phone 517-337-1351. POSTMASTER: Send address changes to Michigan Medicine, P.O. Box 950, East Lansing, MI 48826-0950

MICHIGAN MEDICINE
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It will follow the same format as the three-day MSMS Annual Scientific Meeting held each November, with an early bird plenary session at 7 a.m., and courses offering CME credit through the day. Susan Dorr Goold, MD, assistant professor of Internal Medicine at the University of Michigan, will speak about ethical issues in health system reform at the plenary session. She's the associate director for Ethics and Public Policy at the University's Program for Society and Medicine.

Courses will cover pain and symptom management, diabetes, hypertension, and a nephrology update on recent advances in the prevention of kidney disease. Call the MSMS Office of Physician Education at 517-336-5738 for more information.

MSMS House of Delegates invites AMA Board chair to speak

AMA Board of Trustees Chair P. John Seward, MD, will address the MSMS House of Delegates during its May 5-7 meeting at the Ritz Carlton Hotel in Dearborn. In addition to hearing testimony on and debating resolutions through eight reference committees, the House will install B. David Wilson, MD, Kalamazoo, as the Society's 1995-1996 president. Current President Jack L. Barry, MD, Saginaw, will become immediate past president. Call MSMS House of Delegates staff Donna Farougi at 517-336-5735 or Jeanne Miller at 517-336-5726 for more information.

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LETTERS

"King Will" speech mocks health care reform efforts

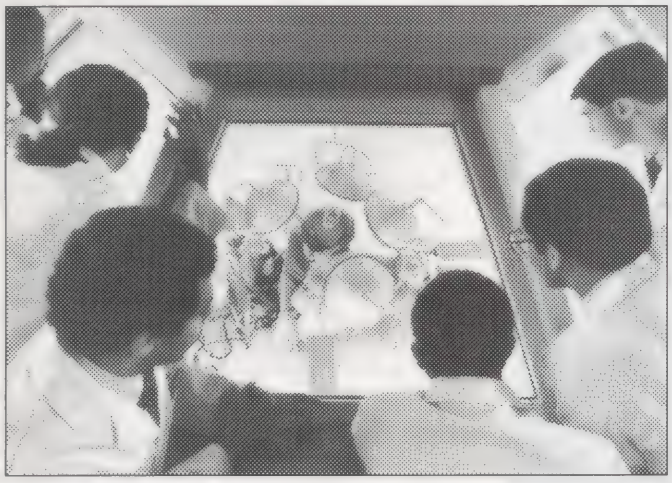
You recently published the cute "King Will" speech in the February 1995 issue of *Michigan Medicine.* (See "King Will and the Foul Humours: A fable for reform," by AMA President Robert E. McAfee, MD, page 3.) This little allegory mocks two years of good faith by the Federal Administration to reform health care.

That AMA President Robert E. McAfee, MD, chose to deliver this to the AMA House of Delegates in December 1994 symbolizes the typical obstruction by the AMA to progress in the chaos of US medicine. The present system squanders irreplaceable resources and refuses to extend appropriate health care to the working poor.

The current Congress and the continued domination of the AMA promise more years of greed and self-interest in US medicine. This symbolic little speech by Doctor McAfee has led to my resignation from the AMA after 25 years of membership. I still hope to remain active in the Michigan State Medical Society and my Kent County Medical Society. In a past term as president of the Kent County Medical Society, I served in an AMA Leadership Conference in Chicago in which welcoming change was the theme. In fact, the AMA will never change, and medicine in the US would be better off without this organization. ■

Albert R. Dugan, MD, FCCP
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COUNTY MEDICAL SOCIETY NEWS

By Tom Seely

Tom Seely is chief of physician outreach programs for MSMS. If you would like the activities of your county medical society featured in a future issue of Michigan Medicine, please contact Tom Seely at MSMS at 517-336-5770.

Kent County

KCMS committee on violence gears up for 1995

The Kent County Medical Society's Committee on Violence has been actively working with community groups to combat violence in the Kent County area. A co-sponsor of the Grand Rapids Area Conference on Family Violence, the Committee has met with representatives from the Area Agency on Aging and the Kent County Department of Social Services to discuss ways of dealing with elder abuse in the county. These are just a few of the activities the Committee has taken on since its beginning in 1994.

Among the Committee's latest projects is an audio-visual training program from Michigan State University that deals specifically with the problem of elder abuse. The KCMS Board of Directors authorized the purchase of this training program and is encouraging KCMS members and other area agencies to utilize this program.

For more information about the activities of the Committee or about the training program, contact the Kent County Medical Society at 616-458-4157.

Members of the KCMS Committee on Violence include: James A. Surrell, MD, chair, Michelle Condon, MD, and Michael Brown, MD.

Wayne County

WCMS holds 74th Beaumont Lecture

The 74th Annual Beaumont Lecture of the Wayne County Medical Society was held April 3 at Henry Ford Hospital in Detroit. Featured speaker, Robert Petersdorf, MD, president emeritus of the Association of American Medical Colleges, spoke on "The Academic Medical Center in the Era of Health Care Reform."

The Annual Lecture allows Wayne County members to meet with and learn from nationally or internationally recognized medical leaders.

Oakland County

OCMS sponsors Second Annual Health Day

The largest community outreach program for the OCMS is Health Day. It is advertised to the public as a free opportunity for dialogue with doctors. More importantly, it is an opportunity for doctors to meet with people from the community. According to OCMS President Stanley Dorfman, MD: "In this era of increasingly managed care, it seems that physicians and their patients spend more time talking to insurance companies than to each other."

The Community House in Birmingham was the site for the Second Annual Health Day, which was held March 25. This all-day event provided the public opportunities to attend classes taught by physicians on a variety of health-related topics.

Keynote speaker Evelyn DeNike, public affairs specialist for the US Food and Drug Administration, addressed Health Day participants on health fraud. According to DeNike: "Americans spend more than $10 billion each year on products that promise to do everything from slimming us down to curing cancer." DeNike demonstrated products taken off the market for fraudulent health claims.

Health Day participants had the opportunity to choose from 20 different classes, which included Adult CPR and Pediatric Basic Life Support. Blood pressure screening was also available courtesy of the Michigan Chapter of the American Red Cross. Program sponsors included the OCMS, The Community House, Oakland Printing, The Eccentric Newspapers and WKBJ-TV2.

Continued from previous page

Genesee County

AMA president visits GCMS, discusses "Working together to orchestrate change"

AMA President Lonnie Bristow, MD, addressed members of the Genesee County Medical Society February 2 at a general business meeting co-sponsored by the African-American Physicians Association (AAPA) of Genesee County.

Held at the University Club of Flint, the subject of Doctor Bristow's presentation was, "Working together to orchestrate change." Topics discussed included the dangers of managed care programs in which physicians are not the controllers of quality, the Michigan Patient Protection Act and the need for antitrust reform.

While in Flint, Doctor Bristow also attended a special breakfast meeting with members of the GCMS Board and the AAPA. He also participated in Grand Rounds at Hurley Medical Center. ■



AMA President Lonnie Bristow, MD, (center) discusses his views on health care issues with members of the Genesee County Medical Society.

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MSMS Members On the Move



Manual Tancer, MD, a leading social phobia research physician, is one of three internationally renowned scientists recruited by the Wayne State University School of Medicine to lead drug and alcohol abuse research and treatment initiatives. Doctor Tancer joins WSU from the University of North Carolina where he has been assistant professor in the Department of Psychiatry and director of the Anxiety Disorders Research Program. Doctor Tancer's research on social phobia is considered state-of-the-art and has established him as a leading international authority on the subject. In addition to his appointmnet as associate professor at the WSU School of Medicine, he has been named director of the Social Phobia Clinical Research Program, and will coordinate the Brain Imaging Program in psychiatry.

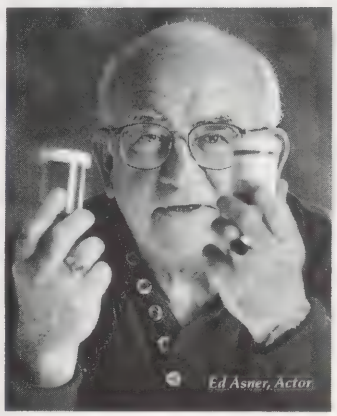
D. Eugene Thompson, MD, a practicing orthopaedic surgeon at William Beaumont Hospital, Royal Oak, has been reelected secretary of the Board of Directors of the American Academy of Orthopaedic Surgeons.

Robert N. Hensinger, MD, professor, Section of Orthopaedic Surgery, at the University of Michigan Medical Center, Ann Arbor, has been reelected to the Board of Directors of the American Academy of Orthopaedic Surgeons. Doctor Hensinger served as president of the Academy in 1992.

Leland A. Babitch, a medical student at the Wayne State University School of Medicine, is one of 50 medical students and resident physicians to receive the 1995 AMA/Glaxo Achievement Award for outstanding leadership skills. Babitch was presented the award at the AMA National Leadership Conference, March 27, in Washington, DC. ■

MSMS Members On The Move sponsored by: Stratton, Cheeseman and Walsh, Inc. Administrator of the Michigan State Medical Society Group Insurance Programs

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MSMS Reimbursement Roundup

By Joyce Nurenberg
MSMS REIMBURSEMENT OMBUDSMAN

Following are answers to questions about reimbursement issues recently received by MSMS from member physicians.

Q: Will Medicare downcode evaluation and management codes based on the diagnosis submitted?

A: No. Medicare does not downcode claims; however, it is possible that errors can occur when human intervention is involved. If this should occur, do a telephone review of your claim by calling (313) 225-8222.

Q: How am I to know when to charge an office call on the day of a procedure?

A: Whenever a separate, significant identifiable service can be documented on the same day a procedure is performed, charge the appropriate level evaluation and management (E/M) code. The diagnosis or diagnoses should support the reason for each service.

Staff have the additional responsibility to know whether to bill the patient, the payer or whether it is a contractual write-off according to your participation status.

For Medicare and commercial payers, report modifier 25 on the same line as the E/M service. It is not a condition of payment that the diagnosis be different.

For Medicaid, the E/M service must be unrelated to the procedure. Documentation must be submitted with the claim. Modifier 25 should also be reported on the E/M service line.

BCBSM uses surgical indicators to determine whether an E/M service is payable separately on the same day as a procedure regardless of whether it is the same or different diagnosis. These surgical indicator classifications are not published. You should contact provider inquiry or bill a test case to BCBSM and track the results.

Once it is known if an E/M service is separately payable in addition to the procedure, determine whether the patient's contract includes the office visit (OVC) rider. If the contract does, bill BCBSM. If not, collect payment from the patient on the date of service. (The DENIS and the CAREN system are useful tools to determine contract benefits and outstanding deductible amounts.)

If an E/M service is determined not separately payable in addition to the procedure and you are a par physician or are subject to per claims participation rules, charge the service so it is counted as production but write it off as part of your contractual writeoff for tracking purposes.

Q: Can I balance bill the patient for charges not paid by auto insurers? The auto insurers insist the patient is not responsible.

A: Yes, it is permissible to bill the patient or guarantor for balances outstanding when there is no participating agreement with the primary health insurer or with a health insurer paying secondary after auto.

According to MSMS legal counsel, "physicians' rights can only be affected by their voluntary contract or by legislation." Attempts to legislate a fee schedule, among other items, failed in the November 1994 ballot initiative.

Therefore, the statute section 500.3107 of the Michigan Insurance Code, still often referred to in

Have Reimbursement Questions?
MSMS Can Help You

MSMS Reimbursement Ombudsman Joyce Nurenberg stands ready to assist you with your reimbursement questions. Just call 517-336-5722.

correspondence from the auto companies, barring physicians from billing an insured or reporting to a collection agency an insured's failure to pay for services when the amount is disputed or it exceeds the payment made by the insurer is not enforceable.

As a result, the determination of what is a "reasonable" fee is still in debate. Currently, questions of reasonableness can only be settled by a judgement of the court. MSMS legal counsel reports that "until legislation is passed, physicians are able to pursue as any other patient account with an outstanding balance. The Insurance Commissioner has no jurisdiction over physicians in this regard."

Some strategies offices have shared in dealing with auto claims are the following:

- Collect payment from the patient at the time of service. The rationale is that the patient will be reimbursed in full by the auto insurer for the amount paid. As a result, the patient will have a zero out-of-pocket expense. Conversely, if the auto insurer pays less than the full charges, the patient will be held responsible for paying the outstanding balance.
- Offer the option to pay for services on a credit card. Auto companies are obligated under the timeliness of payment guidelines to pay claims within 30 days of receipt. Therefore, payment will be made before or soon after the credit card bill is due.
- Some offices have decided to have the patient bill their auto insurance company to further enforce the concept that there is no participating agreement; the parties to the contract are the patient and the auto insurer, not the doctor and the auto insurer.
- Some offices have been successful in negotiating more equitable fee arrangements for certain patients or specific services with individual reviewer companies.

I encourage you to contact me at (517) 336-5722 and share your experience with the auto insurers so that other practices can benefit. ■

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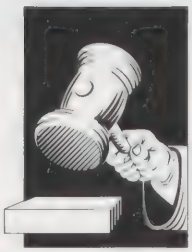
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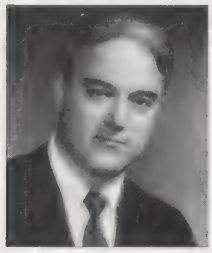
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Support Systems for Hospital-Owned and Private Practices, & Managed Care Affiliates



MSMS LEGAL BRIEFS



Editor's Note: If you have a legal question you would like answered by MSMS legal counsel in this column, jot it down and send it to Betty McNerney, Editor of Publications, P.O. Box 950, East Lansing, MI 48826-0950.

Antitrust law applicable to managed care contracting

By Richard D. Weber, MSMS Legal Counsel

Antitrust laws cannot be ignored by physicians on the basis that they are not fair, are too complicated or make no sense. The Justice Department and the FTC view independent practitioners as competitors. As such, organized actions by physicians relative to managed care contracting are carefully scrutinized for antitrust violations. A basic understanding of the antitrust laws is therefore essential.

REQUIREMENTS FOR VIOLATION

Section 1 of the Sherman Antitrust Act declares contracts, combinations or conspiracies in restraint of trade to be unlawful. For a violation of this Act to occur, there must be two things:

(1) Two or more independent physicians or physician groups must engage in joint activity.

(2) The joint activity must restrain competition.

Joint action

Section 1 of the Sherman Act does not apply to actions taken individually by a physician. There must be an agreement or understanding, and it takes two or more persons or entities to have an agreement. Such joint action does not exist in a completely integrated group practice. In such a group practice, the separate practices of individual physicians are "merged" or "integrated" into the group. The physicians share profits and losses, and do not have independent competing practices. Because there is only one practice, the joint action element required for a Section 1 violation is absent.

Any agreement by two or more independently practicing physicians, or two or more independent group practices, may constitute "joint action." An example would be two or more independent physicians who together decide not to sign a managed care participating contract or decide to terminate such a contract. Another example would be two or more physicians with independent practices who agree on minimum or maximum fees or capitation amounts. Business managers of two independent practices who agree that the practices will not compete against each other in a certain geographic area would be another example.

The "agreement" need not be formal or written to be illegal. A tacit understanding is enough. Physicians do not need to know the agreement is illegal to violate the law. The key is to avoid even the appearance of an illegal agreement. For example, informal conversations with other physicians at a medical society meeting about problems incurred with a managed care plan, which result in some physicians terminating their contracts with the plan, may be an illegal agreement. A letter to another physician which merely discusses fees may evidence an agreement to fix prices. Any writing that could be construed to evidence an illegal agreement should be avoided.

Restraint on competition

In order for joint action to constitute an antitrust violation, it must unreasonably restrain trade. This occurs when the effect or purpose of the agreement is to decrease competition. To determine whether the agree-

ment is unreasonable, courts use two different standards depending on the type of agreement:

Illegal *per se* - If the agreement involves price-fixing, group boycotts or the allocation of practice territories or patients, the courts apply the *per se* rule. Under the *per se* rule, the court presumes that an unreasonable restraint of trade occurred. The plaintiff only has to prove the existence of the agreement, not that the agreement decreased competition. Under the *per se* analysis, it does not matter that the physicians did not intend to violate the antitrust laws, or that the agreement operates to lower consumer prices.

Rule of reason - If the *per se* rule does not apply, a court applies the rule of reason. Under the analysis the court balances the pro-competitive purposes and effects of the agreement, against the anti-competitive purposes and effects. If, on balance, the agreement is considered to be anti-competitive, then the agreement is illegal.

ILLEGAL *PER SE* JOINT ACTION

Price-fixing and group boycotts constitute the greatest risks of joint activities conducted by physicians which may lead to antitrust violations.

Price-fixing

Price-fixing is an agreement or understanding among competitors to fix, stabilize, raise, or lower prices (for any element of price) and is per se illegal. The following types of activity generally constitute price-fixing, if conducted by independent physicians:

- An understanding to submit a certain fee to an insurance company or managed care entity;
- An understanding not to discount fees beyond a certain percentage;
- A letter to an insurer stating that if fee schedules are not raised, specified physicians will terminate their contracts.

Oral or written communications between independent physicians regarding price should be avoided.

Group boycotts

An agreement by two or more physicians not to deal with a third party may be an illegal group boycott. The following types of activity may be considered group boycotts if conducted by independent physicians:

- A tacit understanding to refuse to participate in an insurance or managed care plan;
- An understanding among general practitioners not to refer to a specialist who participates in an unpopular managed care plan;
- An agreement to terminate participating contracts for any reason.

ANTITRUST ENFORCEMENT

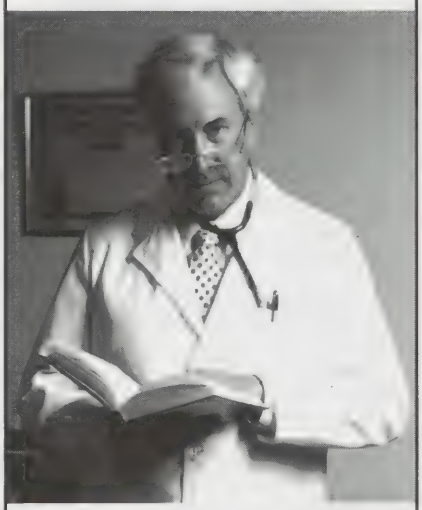
Federal antitrust laws are enforced by the Justice Department, the Federal Trade Commission, and by suits brought by private parties. The Justice Department may bring either criminal or civil action against a physician who may be in violation of the antitrust laws. Criminal actions are felonies punishable by imprisonment and fines. Private parties can sue physicians for antitrust violations and, if successful, recover treble damages. ■

Richard Weber is an attorney with Kerr, Russell & Weber, Detroit.

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Michigan representatives to participate in STUDY OF FEDERATION

By William E. Madigan
MSMS Executive Director

What will physicians want and need in the year 2000?

Participants in the Consortium research were asked to project the wants and needs of physicians in the year 2000. Four major areas of consensus emerged:

1. Physicians will need greater public trust and credibility as well as an improved image as patient advocates.

2. Physicians will want involvement in defining quality care, practice parameters and appropriateness of standards of care.

3. Physicians will need effective political representation focused on the future, not on protecting the past.

4. Physicians will need to be prepared for the changing practice environment.

The study of the Federation is organized medicine's effort to reinvent the house of medicine. Medical societies are responding to the changing health care environment, increased diversity of the physician population and limited resources. There is an overriding need for unity, purpose and action, and yet many of these organizations within the Federation are competing with each other over these issues.

The two year study of the Federation includes physicians and executives from county and state medical societies as well as specialty societies, the American Medical Association and other related organizations. Cathy O. Blight, MD, vice chair of the Michigan Delegation to the AMA and member of the MSMS Board of Directors from Genesee County, and I represent Michigan on the 28-member Project Team which is directing the Consortium. The Consortium is made up of more than 200 individuals, both physicians and medical society executives, nominated by the medical societies. This group, which reflects geographic, gender, ethnic, practice, and age diversity, is focused on direction setting for the study. The chair of the study, Joseph T. Painter, MD, is a former specialty, state and county medical society leader and the immediate past president of the American Medical Association. Tecker Consultants, a New Jersey firm facilitating the Federation Study, has gathered data through focus groups with physicians, telephone interviews with selected health care leaders and site visits to state, county and specialty societies as well as managed care organizations. The Consortium is using a sophisticated interactive technology in its deliberations called IRIS. It uses electronic keyboards with responses to questions tabulated instantly and anonymously. With IRIS, the AMA can determine and analyze key geographic and demographic variables per hypothesis.

The study of the Federation will produce recommendations that redefine the relationships between and among members of organized medicine. The purpose of this redefinition is to:

- eliminate and minimize duplication of services;
- focus each level of the house of medicine on those goals which it is best positioned to target; and
- create methods for stronger advocacy and opportunity for unity of voice.

What should the AMA, county, state and specialty societies focus on in the year 2000?

Research participants were asked on what they thought the AMA, county, state and specialty societies should focus in the year 2000. They said:

The AMA should focus on:
- Practice standards and outcomes
- Coordinating specialty efforts
- Improving physicians' image
- Ethics
- Acting as the voice of physicians
- Public policy
- Asking physicians what they want
- Being an information source

The AMA should *reduce* focus on:
- Ancillary businesses
- Internal politics
- Leader-driven, ivory tower thinking
- Efforts to maintain the status quo

State medical societies should focus on:
- Political influence on the state level
- Maintaining standards and quality
- Communication links
- Forming networks of physicians to solve common problems
- Forums for discussion among specialties
- State and public health issues

State medical societies should *reduce* focus on:
- Peer review
- A country club atmosphere
- High membership fees
- Scientific and clinical education
- State journals
- Internal politics

Specialty medical societies should focus on:
- Continuing Medical Education
- Practice parameters, guidelines, quality outcomes and related research
- Communication with the AMA, states and other specialty societies
- National training standards
- Inter-specialty cooperation

Specialty medical societies should *reduce* focus on:
- Self-interest activities
- Income protection for sub-specialties

Local medical societies should focus on:
- Public education and advocacy
- Peer review
- Information exchange
- Community action

Local medical societies should *reduce* focus on:
- Club atmosphere
- High membership fees ■

Michigan Consortium Members

Cathy O. Blight, MD*
Genesee County Medical Society

William E. Madigan*
Michigan State Medical Society

Tama D. Abel, MD
AMA Young Physicians Section

Susan Hershberg Adelman, MD
AMA Council on Medical Service

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AMA Council on Long Range Planning

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Susan J. Saewert
Kalamazoo Academy of Medicine

Krishna K. Sawhney, MD
Henry Ford Hospital

*Project Team Member

JACKSON PHYSICIANS ALLIANCE: *Making Friends in the Right Places*

By Ralph D. Ward

The breathtaking speed with which physician organizations (POs) are budding in Michigan means that each passing month offers new examples of PO success. The Jackson Physicians Alliance, only a year old, shows the value of good planning, and of making the right connections.

Physicians affiliated with Foote Hospital in Jackson started the ball rolling on this PO late in 1993. According to Fred E. Patterson, MD, a Jackson radiologist and a founding member of the PO, "The trigger was probably (President Clinton's) pending health care legislation. I felt we needed to respond in a proactive way." Thomas D. Harris, MD, a Jackson dermatologist, mentions a new alliance of area businesses for purchasing health care as a driving force. "With small and medium-sized businesses organizing, we knew there would be a new situation. The purchasing power would be different than when we were dealing with individual businesses." Andrew J. Krapohl, MD, a local gynecologist, was motivated by his contacts with the AMA and MSMS on the issue.

Led by Doctor Patterson, those doctors and several other Jackson-area physicians contacted MSMS. Physician Organizations and Management Services (POMS), a division of MSMS, provided strategic planning and legal services to help create the Jackson Physicians Alliance, PC, as well as administrative guidance for running the PO. Of special value to the budding group was the strategic planning support offered through POMS by John R.C. Wheeler, PhD, professor and chair, Health Services and Management and Policy, University of Michigan. Physicians in the group now consider this careful groundwork to have been one of the crucial factors in the PO's success, with formation of a mission statement the most vital. "For us, this was crucial," recalls Doctor Krapohl. "Formation of a mission statement is extremely important. You must be able to outline a vision."

The next step in launching the JPA was effective salesmanship. Although area physicians were aware of the benefits a PO could bring, generating enough enthusiasm to build the group proved a major task. "Initially, it took a lot of effort to keep people perked," recalls Doctor Krapohl. "But today, the physicians have gained a much greater awareness of themselves, of their own influence as individuals. Also, they're focusing more on costs and quality of care." Organization proceeded into early 1994, with great care to maintain a representative mix of

specialties, but at the same time avoiding the often difficult split between physicians in specialty and primary practice. "Setting a split between primary care and specialty care will not work," says Doctor Patterson. "It's too divisive. Still, we want a balance. Frankly, the payers will ultimately determine the areas of practice we need." Despite a lack of quotas in membership, the seven-member JPA board will, by charter, maintain a ratio of four primary care and three specialty care physicians.

As membership increases (there are currently over 80 members), the group will continue to be selective in its membership. "We've been selective in offering membership to physicians," notes Doctor Patterson, who serves as JPA secretary and treasurer. "We're not an open PO." There are a number of reasons for this care in selection. "We hope those who are invited will commit to the vision we're holding out. For example, the ability to work with a team. The Lone Ranger physician will be uncomfortable in our PO. And, of course, they have to be committed to practicing quality medicine." This emphasis on a "vision" is where the original mission statement comes in handy, and will help assure that new members meet the same high standards as the founding physicians. According to Doctor Krapohl, who serves as JPA president, "You have to be extremely patient, and go over the critical issues again and again. As new physicians become initiated, you almost have to repeat the whole vision-setting process."

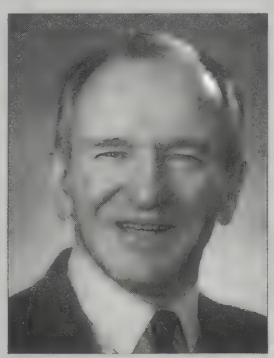


"With small and medium-sized businesses organizing, we knew there would be a new situation. The purchasing power would be different than when we were dealing with individual businesses."

Thomas D. Harris, MD

There are no firm membership targets for the PO, although Doctor Harris sees the group extending throughout Jackson County and beyond, towards Hillsdale and Mason. The staff at Foote Hospital and the Jackson County Medical Society together could bring a potential membership of 150, but "I don't think we'll be that inclusive," says Doctor Harris. "We won't get 90 percent of the county physicians. If we did, there would be antitrust concerns."

Selling the PO to area businesses and hospitals and third party payers has proven positive thus far. "The main motivating force for the PO was the formation of a local business alliance," recalls Doctor Krapohl. "It became evident that they had a head start, and were better organized than we were. They were a driving force for us to get our act together." Although the PO is still a bit youthful for serious negotiating with employers, the founders have striven to keep open lines of communication with the business community. "We're not in a position to deal with anybody yet," says Doctor Krapohl, "but we have had fruitful sessions that we hope will develop into a close association. We've made it a point from the start to include business people." Negotiations with Foote Hospital in Jackson remain preliminary as well. "The two organizations (the PO and Foote Hospital) have tentatively spoken," reports Doctor Harris. "And the relationship is friendly in nature. We're exploring a new connection on both sides." The PO board keeps up regular contacts with the hospital administration, and the Foote Hospital CEO discussed the hospital's long-term strategy at a recent PO meeting.



"Initially, it took a lot of effort to keep people perked, but today, the physicians have gained a much greater awareness of themselves, of their own influence as individuals. Also, they're focusing more on costs and quality of care."

Andrew J. Krapohl, MD

Other relationships in the works for the Jackson PO will offer more concrete, innovative aid for member physicians. The PO is negotiating an agreement with Phycor Management Corporation to serve as a management partner. According to Doctor Patterson, Phycor can offer valuable administrative management and support that physicians greatly need. "Doctors in general have expertise in the clinical areas, however, they can't ignore the demands of the organizational and business side of medicine." PO members would be able to tap into Phycor expertise in such areas as finance, insurance, risk assessment, personnel, office management, receivables, negotiations with third-party payers, and purchasing. Says Doctor Patterson, "These are the areas where it's inefficient for the physician to try being an expert. Doctors need partners to put together an organization in the new health care world." Under the proposed arrrangement, Phycor would act as hands-on manager, responsible to the JPA board of directors. "Phycor would be establishing an office in Jackson to support our JPA members," says Doctor Patterson.



"Doctors in general have expertise in the clinical areas, however, they can't ignore the demands of the organizational and business side of medicine."

Fred E. Patterson, MD

The JPA is working on other partnerships as well. Preliminary meetings have been held with Blue Care Network, although no plans have been finalized. Discussions are also underway with a computer data processing supplier, a hint at the high tech possibilities foreseen by the Jackson physicians. "The thing that has made all this possible is the information technology revolution brought about by the computer," says Doctor Patterson. "We'll have the ability to shape a community health information network with total, confidential health care histories available anywhere. What we're trying to put together is a virtual clinic."

This emphasis on building partnerships has been a key to the success of the JPA thus far. "Some POs start out with an emphasis on grabbing as many contracts as possible, but you can't do that in the long run," notes Doctor Patterson. "You have to aim for win/win relationships, and not aim to control every partnership."

Strong health care partnerships will do more than give the JPA friends in all the right places. The founders see such involvement as crucial in making physicians the key players in the future of health care. "We want to be a respected provider of health care services for the Jackson area," observes Doctor Patterson, "and in the long run, an organized group is the only way we can assure that. Good health care decisions must begin with the physicians. We've seen government, insurers, and even hospitals try to take on the role of health care determiner, and it doesn't work." The concept of shared success is also one that Doctor Patterson knows well. "As a radiologist, my customers are other physicians," he observes. "When they're successful, I'm successful." ■

For more information on POMS, or for assistance with setting up a PO in your area, contact Tom Wolff at MSMS at 517-336-5740.

Ralph Ward is a Lansing-based freelance writer.

OBITUARIES

George L. Schaiberger, Sr., MD
West Branch

George L. Schaiberger, Sr., MD, who retired as general surgeon at Tolfree Memorial Hospital in 1986, died in October, 1993. He was 76. A 1942 graduate of the University of Michigan Medical School, he was a general surgeon for 37 years in Ogemaw County. He was a past president of the North Central Medical Society and a member of MSMS.

The March issue of *Michigan Medicine* incorrectly indentified G. L. Schaiberger, Jr., MD, his son, as the deceased. Doctor Schaiberger, Jr., is an emergency medical specialist, affiliated with Tawas and Tolfree Memorial Hospitals. ■

Burns Clinic links up with national firm to tackle managed care

The Burns Clinic Medical Center, PC, headquartered in Petoskey, has for many years been an innovator in state medical practice. Founded in 1931, the Burns Clinic today offers a range of medical and surgical services at eight sites in northern Michigan. With 120 physicians on staff and 550 support employees, the Burns Clinic is a major health care operation as well as a proven success.



But, in recent years, it has become apparent to Burns Clinic physicians and administrators that there were limits to growth with its current practice setup. "Last year, we had a lengthy strategic planning retreat," recalls Daniel McDonnell, MD, Burns Clinic president. "Our board and section heads tried to outline a number of major initiatives for the next few years." After studying health care trends in their northern Michigan market, the clinic managers discerned a need for clinic expansion, high tech records and management systems, and improved depth in primary care. Further, outreach to health plans required improved ability to take on liability risks. "Health plans have been very profitable while assuming these risks," observes Dave Thomas, Burns Clinic administrator. "We will have to be willing to assume these risks ourselves."

In short, by the mid 1990s, the Burns Clinic, despite a history of growth and success, was facing a major wall. The increasing power and sophistication of the major players in health care left it, as many other practices, vulnerable and underfunded. The ability to attract physicians in desired specialties was limited. A full-blown commitment to managed care would require large amounts of capital for data system processing and management systems. As with all medical practices, operating a cash-based accounting system left the clinic with "essentially no retained earnings," according to Doctor McDonnell. This not only leaves practices with little ready capital, it also makes them unappealing to the major capital markets. The greatest mortagable asset of a medical practice, afterall, is the goodwill and skill of the physicians involved. Though invaluable, these assets cut little ice with major lenders. Some medical practices try innovative financing routes. "Some have started non-profit subsidiaries to raise funds, and others have looked at making private stock placements," notes Thomas. These options, it was decided, would be impractical for the Burns Clinic.

Also, despite an able administrative staff, the Burns Clinic would need a major upgrade in support expertise to navigate and master sophisticated managed care plans. Claims adjudication, risk management, and record keeping would require quantum leaps in skill to stay competitive.

"We decided we needed two things," says Doctor McDonnell. "One was capital. Second, we would need a strategic planner." The Burns Clinic team decided it was time to talk with Phycor, Inc. Phycor is a national firm that offers administrative and practice

management services to physicians. It also has ready access to major capital markets.

The Burns Clinic doctors held "a lot of group meetings" to discuss whether to "partner" with Phycor, according to Doctor McDonnell. "Major concerns were raised, such as would all our physicians buy into the idea, and how much autonomy would we maintain?" The physicians negotiated carefully to address their concerns. The result is that all major, non-clinical decisions must be approved by a Joint Operating Board composed of three Burns physicians and three Phycor employees. Burns physicians have sole authority over all clinical issues, including development of practice guidelines.

Burns physicians recognize that Phycor also was going out on a limb. "They're taking over management, but they're also taking a liability risk," notes Thomas. "If we have a significant downsizing, they're sunk." The contract is indeed a long-term marriage, with a term of 40 years. The agreement was finalized in December 1994. Under the agreement, Phycor offered to acquire the Burns Clinic's non-real estate assets, such as accounts receivable, equipment and goodwill. In addition, all Burns's nonprofessional support staff became Phycor employees. All physicians remain employees of the Burns Clinic. "Externally, the public doesn't see any difference," says Doctor McDonnell. "There is no change in the (Burns Clinic) logos or signage."

After only a few months "we're still in the honeymoon stage," according to Doctor McDonnell. However, support and evidence of autonomy from Phycor seem positive thus far. "I think by and large the response has been positive," says Thomas. "With the development of integrated delivery systems, large group practices, or even small practices, just don't have the capital resources to be an effective voice." The division of clinical and administrative spheres also seems to be going smoothly. "We still have a strong physician presence," notes Doctor McDonnell. "This is really an administrative partnership. Physicians need a strong administrative team to back them up. Essentially, we're both bringing our expertise to the deal." ■

Ralph Ward is a Lansing-based freelance writer.



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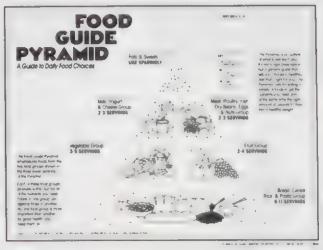
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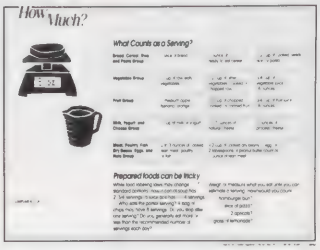
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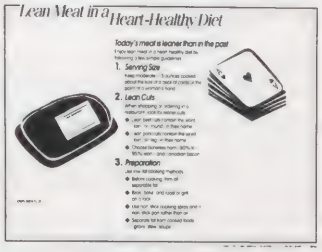
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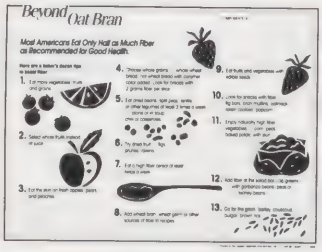
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Corporate Affiliated Physicians

Who are they, and how are they likely to change the face of medicine in the years ahead?

By Bob Carlson

You could look at it as an example of phenotypic adaptation, i.e., *a change in the structural and physiological properties of an organism in response to a genetic mutation or a change in environment.*

In this case, the organisms are physicians. The environment is health care. The change *in the environment,* for the most part, is managed care. And the new phenotype, at least in Michigan, is known as a Corporate Affiliated Physician, or CAP.

The only thing we know for sure about CAPs is that they are employees, usually of corporate entities like hospitals or managed care delivery systems. Hence, *corporate affiliated.*

How many CAPs are there? Where do they work? What do they have in common? How do they differ from physicians in traditional, independent practice models?

The MSMS CAPs Committee

To answer these questions and get a handle on the CAPs phenomenon, MSMS invited physicians to a Corporate Affiliated Physicians (CAPs) Committee meeting. Fourteen physicians and five non-physi-



cians attended the initial meeting at MSMS headquarters on December 20, 1994. The five non-physician attendees were MSMS Executive Director William E. Madigan, Managing Director Kevin A. Kelly, MSMS Manager of Physician Hospital Relations and Outreach F.B. "Tom" Plasman, Chair of Health Services Management and Policy at the University of Michigan John R. C. Wheeler, PhD, and Thomas M. Wolff of the MSMS staff.

CAPs Committee Chair Harry L. Doerr, MD, began a discussion of the Committee's proposed mission statement (see box *Proposed CAPs Committee Mission),* which was accepted with the understanding that it was a "live document" subject to modification.

Professor Wheeler, who will assist the Committee in strategic planning, then led a discussion to identify common interests of CAPs Committee members. These issues, listed in the meeting minutes, underscore that the interests of CAPs are different from the interests of private practice physicians in such areas as services from MSMS, political activity, negotiating skills, employment relations, medical economics, education, training, information sharing, professional status, compensation, collegiality, and leadership.

As a result, activities and objectives were prepared for the CAPs Committee meeting on February 22, 1995. Committee members were also asked to propose questions for the *MSMS Survey on Practice Characteristics*. At the suggestion of Madigan and Kelly, Plasman said that he would arrange for Committee members interviews (see sidebar *Dialing for Docs)* for an upcoming article in *Michigan Medicine.* This is that article.

The CAPs phenomenon

MSMS Manager of Physician Hospital Relations and Outreach Tom Plasman, the MSMS staff liaison to the CAPs Committee, credits the administration, MSMS President Jack L. Barry, MD, and the other physician officers of MSMS with creating the CAPs Committee. Plasman believes CAPs will go through three phases: identification, followed by policy development and advocacy, and finally, full participation in organized medicine.

In Plasman's opinion, CAPs are in phase one, **trying to establish their identity.** But he sees an exciting future for the CAPs movement in Michigan. "It hasn't even begun to crawl, let alone walk," he says.

The CAPs phenomenon has already spread to the Detroit area. Wayne County Medical Society, the state's largest, had its first CAPs Committee meeting in September, 1994. Cecil Jonas, MD, current WCMS president, assembled the CAPs task force and Bradley Eisenbrey, MD, chairs the WCMS CAPs Committee.

"We have joined forces with the MSMS CAPs Committee so that we don't duplicate efforts," says WCMS Executive Director Kathleen Maslanka, who along with Doctors Jonas and Eisenbrey, also serves on the MSMS CAPs Committee. A WCMS CAPs seminar on January 19th and 21st was co-sponsored by MSMS.

The American Medical Association's Office of Public Information had no information about organized CAPs activity in other parts of the country, but did provide national statistics consistent with what's happening in Michigan. According to *Physician Marketplace Statistics,* published by the AMA's Center for Health Policy Research, 73.2 percent of physi-

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cians throughout the United States identified themselves as self-employed in 1987, compared with 64.1 percent in 1993. Conversely, the number of physicians who identified themselves as employees grew from 22.6 percent in 1987 to 31.1 percent in 1993. Independent physician contractors comprised 4.2 percent in 1987, peaked at 6.9 percent in 1991, and declined to 4.8 percent in 1993.

Michigan Medicine interviews CAPs

In collaboration with the MSMS CAPs Committee, *Michigan Medicine* conducted telephone interviews with 27 members of the Committee (see Sidebar *Dialing for Docs*) to find out what motivated these physicians to become active and to establish a baseline understanding of CAPs in Michigan.

The CAPs Committee physicians responded like any other group of busy professionals. Some took less than five minutes to answer three questions. Others couldn't stop talking. Some said they were perfectly happy in their current employment situation. Others were clearly frustrated, angry, and concerned.

Here are their responses to the three questions we asked them. Some respondents gave more than one answer. Therefore, the total number of responses for a particular question may exceed the number of physicians who participated in these interviews.

Question #1: Why did you decide to become a Corporate Affiliated Physician?

Thirteen respondents said they **chose to be CAPs** for the following reasons:

- prefer "institutional" medicine such as acute care, research, teaching, etc. (5)
- in CAP position since completing residency (3)
- position is an employed position, such as teaching, pathology, etc. (2)
- prefer geographic location (2)
- like administrative medicine (2)
- patient contact (1)
- want to exert leadership (2)
- it's a more controlled life (1)
- want to understand managed care (1)
- want to help physicians change practice patterns (1)

Dialing for Docs

Right now, there are a lot more questions than answers about Corporate Affiliated Physicians (CAPs). MSMS has already begun the job of gathering, processing, and evaluating data about CAPs in Michigan. Meanwhile, the 30 physicians listed on the MSMS CAPs Committee roster seemed like good subjects for some preliminary research. We called all 30 to ask them the following three questions:

1. Why did you decide to become a Corporate Affiliated Physician?

2. In your opinion, what should be the CAPs Committee's initial activities during the next 24 months?

3. What do you see as the long range mission, the objectives, and the activities of the CAPs Committee to the end of the decade?

Of the 30 physicians on the CAPs Committee, we were able to talk to 27. Their responses to these three questions helped to define the scope and content of this article.

Fourteen said they were employed by hospitals, two by medical centers, two by medical groups, two by universities, and the rest by a PPO, an insurance company, a care network, a quasi-PHO, a family practice group, and an automobile manufacturer. One physician on the CAPs Committee 'fessed up to not actually being a CAP, but a solo practitioner. Three teach at the university level in addition to their main job responsibilities.

Three physicians did not include clinical practice in their current job responsibilities. Of the 24 who do practice medicine, six described themselves as family practitioners, five as internists, four as obstetrician/gynecologists, two as pediatricians, and one as a general surgeon, with the rest specializing in gynecology, maternal fetal medicine, orthopedic surgery, pathology, and perinatology.

Three of the 27 respondents were women. Although CAPs are only now getting widespread attention, some physicians on the CAPs Committee have been employed by corporate entities for as long as 10 years.

Our intention here was not to conduct a scientific survey of the CAPs phenomenon in Michigan. However, we hope that the overall results of these interviews with 27 members of the MSMS CAPs Committee will provide some preliminary insights about CAPs in Michigan. We are grateful to the 27 CAPs Committee members for taking time to talk with *Michigan Medicine*.

"As medicine goes further and further toward managed care, there are going to be more and more physicians who are salaried in a corporate-type position. Therefore, we need proper representation of that individual in the organization he's working with and also at the city, state, and national level."
Rudi Ansbacher, MD

"Physicians, I think, are being left out of how corporate America wants to deal with medicine."
Gerard Mosby, MD



"Some people in private practice feel that employed physicians do not have the same empathy for patients, that once you're employed, somebody else tells you how to practice medicine and you don't care about your patients anymore. I've been an employed physician for eight years and I don't think that's true. We have the same compassion for patients and we work just as hard for them."
Jack L. Barry, MD, MSMS President



"We're becoming an increasing part of the physician work force right now, by choice or by default. By the end of the decade, I think it should be an active choice as opposed to a choice by default. It should be 'this is what I want to do' as opposed to 'I can't make it any other way.'"
Michael C. Boucree, MD, MPH

In one form or another, 12 respondents said it was economic considerations. Some respondents cited more than one economic consideration. The answers included:
- market instability (3)
- malpractice insurance (3)
- larger groups have more economic clout (2)
- high overhead (2)
- economics (2)
- job/income security (2)
- cash flow (1)
- hospital offered to purchase practice (1)
- wanted effective way to market services (1)

Administrative burdens, which in some cases are related to economic considerations, were mentioned by eight respondents. Some respondents gave more than one reason. These reasons included:
- a way to avoid the business responsibilities of practice (4)
- federal and state regulations (2)
- decision-making pressures (2)
- can't provide good patient care and run the business end (2)
- insurance company pressures. (1)

Four respondents gave the following other reasons for choosing to be employed physicians:
- family considerations (2)
- the trend to managed care (1)
- health problems (1)

Question #2: In your opinion, what should be the CAPs Committee's initial activities during the next 24 months?

Fifteen respondents gave the following range of responses to this question. Some respondents gave more than one answer:
- identify issues, needs, and concerns common to CAPs (10)
- disseminate information (5)
- reach out to, recruit, target, enlist, bring into the fold, and integrate CAPs into organized medicine (5)
- gather information (4)
- address the problems and issues important to CAPs (2)
- develop policies and options (1)
- develop MSMS services for CAPs (1)
- develop programs for CAPs (1)

Fifteen respondents mentioned the following specific problems, issues, and programs in their answers to Question #2. Some respondents mentioned more than one.
- quality of care (7)
- contracting (6)
- conditions of employment (4)
- employer relations (3)
- autonomy (2)
- Stark law (2)
- patient and collegial relationships (1)
- control (1)
- ethical and moral issues (1)
- establishment of professional standards (1)
- representation of CAPs by MSMS (1)
- improve image of CAPs (1)
- unite vis-a-vis hospitals (1)
- conflicts of interest (1)
- protect physician rights (1)
- define physician role as caregiver vis-à-vis non-physician caregivers (1)
- physician leadership inside employer organizations (1)

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Eight respondents, with one giving two answers, said that the CAPs Committee should:
- identify or define **what** CAPs are (6)
- count **how many** CAPs there are (2)
- identify **who** CAPs are (1)

Six respondents said they were unable to answer this question because they:
- didn't know (3)
- were not able to focus on question (1)
- were not clear about an answer (1)
- were not sure about an answer (1)

Two respondents said they were happy with their current practice situation and had no suggestions.

In response to this question, five respondents pointed out that there are more and more CAPs, and two noted that MSMS benefits had little relevance for CAPs.

Question #3: What do you see as the long range mission, the objectives, and the activities of the CAPs Committee to the end of the decade?

Twenty-one respondents gave the following range of responses to this question. Some respondents gave more than one answer.
- address the concerns of, give voice to, represent, help, lobby for, and recognize the needs of CAPs (16)
- integrate CAPs into MSMS, bring CAPs into the fold, bring MSMS together (4)
- provide services of value to CAPs (4)
- share information, establish a dialogue, and create a framework for discussion (4)
- define issues of importance to CAPs (2)
- accept CAPs (2)
- expand MSMS services (1)
- create a market force for CAPs (1)
- increase visibility and strength of CAPs as a solidified group (1)
- integrate CAPs administrative and clinical perspectives (1)

Fifteen respondents mentioned the following specific problems, issues, and concerns in their answers to Question #3. Some respondents mentioned more than one.
- quality of care (7)
- contracting (2)
- medical ethics (2)
- rights of referral (2)
- physician rights (2)
- job security (1)
- the influence of physicians inside organizations (1)
- any willing provider legislation (1)
- physician participation in governance and management (1)
- local, state, and national representation (1)
- employer relations (1)
- a proactive stance in a time of rapid change (1)
- corporate affiliation as viable and reasonable option for physicians (1)
- physician livelihood (1)

Ten respondents answered education, programs, or CME and specifically mentioned the following topics:
- managed care (2)
- HMOs (1)
- management courses and the MBA degree (1)
- employment contracts (1)

"One of the things I would be interested in promoting is to be sure that physicians continue to be well represented as far as governance and management. Far too often, I see colleagues selling out and losing control of their practices or their practice environment. I think we sell ourselves short."
Thomas R. Macholan, MD



"The CAPs Committee should contact all individuals who haven't had any interest in the Michigan State Medical Society. Maybe they would have a reason to join now."
Jeffrey H. Dysart, MD



"Many people have characterized organized medicine as a good old boys club of the almost retired family practitioner or specialist in private practice. That leaves those of us who work for managed care companies or corporations or hospitals feeling that we have no voice in organized medicine. I see CAPs representing us as well as designing and helping to implement programs on contracts, negotiations, and managed care to help docs who are moving into a corporate environment."
Harry L. Doerr, MD

"Especially with capitation coming along, I think more and more people are going to end up working for corporations. This may sound political, but I think we do have to look out for ourselves. We can't just form a union. The government wouldn't allow us to do that even if we wanted to. So we do have to have some way of looking out for our rights in this new system as it develops."
Leo D. Ottoni, MD

"We have a group that's going to be working together, a solidified group that can share information. Otherwise, we're all floating out there in the ocean all by ourselves."
Harold H. Brownell, MD, FACOG



"I think the most important thing is addressing the services provided by (MSMS) to non-independent practice physicians. The orientation of (MSMS) is toward a style of practice which represents a smaller and smaller percentage of physicians in the organization."
A. Bradley Eisenbrey, MD, PhD



"The long range goal for any group in organized medicine, I think, is to do whatever needs to be done to assure that patients can continue to get good care. Whether that means preventing laws from hamstringing doctors, whether that means keeping liability costs down, whatever that means, the long term goal is to enable physicians to provide good patient care."
Cheryl C. Farmer, MD

"...MSMS is trying to adjust to the needs of a growing part of the physician community, actually a very attractive part of the physician community. I'd say that the young physicians coming out of their residencies today are much less inclined to go it on their own, but a lot of MSMS benefits are designed for the old partnerships and solo practitioner model."
Wayne F. Little, MD

In their answers to Question #3, nine respondents pointed out that **there are more and more CAPs.** Three noted that MSMS would have more power with CAPs in the organization. One respondent said that CAPs should form their own group, and one respondent noted that most CAPs don't need current MSMS benefits.

Five respondents said they were unable to answer this question because they were not clear about the CAPs Committee (4) or didn't know (1). One respondent answered "nothing."

Three respondents said their answer to Question #3 would be the same as for Question #2.

On at least 14 occasions, CAPs pointed out that there are more CAPs today than yesterday, and that there will be even more tomorrow. MSMS President Jack L. Barry, MD, himself a CAP, thinks that CAPs will probably be in the majority by the year 2000. Angela Tiberio, MD, suggests the possibility that **traditional medical practice might not even exist in ten years.** MSMS CAPs Committee member and WCMS CAPs Committee Secretary A. Bradley Eisenbrey, MD, estimates that 40 percent of all physicians in Michigan may be CAPs right now!

Proposed CAPs Committee Mission

The mission of the Corporate Affiliated Physicians (CAPs) Committee is to represent physician employees of nonprofit, profit and professional corporations. To undertake these educational programs and information gathering activities that are of interest and importance for CAPs physicians in various leadership roles in undergraduate, graduate and continuing medical education; the creation of clinical practice guidelines; continuous quality improvement; practice operations; the provision of high-quality medical care; and such matters that are determined to be appropriate to their practices.

Where did all these CAPs come from?

Here's how Doctor Barry became a CAP. "I said to the hospital administrator, 'You know, by building that clinic, you're basically trying to take my business away from me.' And that's how it started," recalls Doctor Barry. "So we sat down and decided that maybe they would like to buy my building and that I would come to work for the hospital. And that's what happened."

Why did MSMS CAPs Committee Chair Harry Doerr, MD, decide to become a corporate affiliated physician? "Two reasons, I think," says Doctor Doerr. "The practice of OB was becoming more burdensome what with regulation and malpractice and, two, I discovered while chief of staff at Providence Hospital that I enjoyed administrative work and seemed to be half-way decent at it. I was encouraged by the president and CEO of Providence to explore this as a possible career change, went back to school and got a Masters in Health Services Administration from the University of Michigan School of Public Health and basically became a full time administrator."

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"Many times, corporate-based or hospital-based physicians are people who have had subspecialty training. Someone in private practice who may not have the academic experience may say, 'I can do that procedure cheaper' because they don't carry all the high overhead these guys do in the hospital. But the care may not be as good."
Russel D. Jelsema, MD



"Physicians are not collaborating, as far as I can see, and the hospitals are. An individual against a corporation is difficult. I think what we need to do is to form some type of a collaborative effort among physicians themselves in order to negotiate with these hospitals on an even plane, especially as we are getting into managed care. That's basically what I see as our role."
Kenneth Orbeck, DO



"I think it's really exciting that MSMS has taken this step to put this group together. It's a real sign of progress that the role of this type of physician is being acknowledged and it sounds like will be supported."
Robert P. Lorenz, MD

"I think the number of corporate affiliated physicians will increase in the future and a long term goal is to be an advocate for us. Now is the time to start."
Enrique Lopez, MD

For Cheryl Farmer, MD, whose practice consists largely of Medicare patients, there were a number of reasons. "Elderly and complicated patients take a lot of time," says Doctor Farmer, "and reimbursements are being cut, cut, cut. From a financial standpoint, it was becoming more and more difficult. We live in an area of the state where the cost of everything is high. It was a combination of things, largely financial." Then, she recalls, the hospital began talking about what it could do to support primary care practices like hers. You know the rest of the story.

Dexter W. Shurney, MD, MBA who used to practice general surgery, saw an opportunity to exert physician leadership at Blue Cross Blue Shield of Michigan, where he is Medical Director of Planning and Development. After 22 years as a cardiologist and almost 10 years as chief physician at Ford World Headquarters, Rhoda M. Powsner, MD, JD, MHSA, took the job as Physician Consultant with Ford Motor Company to accommodate her physician husband's move to a hospital 50 miles away. F. Remington Sprague, MD, says he enrolled in managed care plans to understand managed care better. He became Associate Medical Director for an HMO in 1986. Today, he is Medical Director of Primary Care Network for the Muskegon Mercy Community Health System and continues to practice general internal medicine.

Until there is more comprehensive data on CAPs, **it's difficult to draw any sweeping conclusions** from these stories. The common denominator here may be that there is none. But in terms of what they have to say about the challenges of practicing in a managed care environment, what's needed to protect patient care, and the role of organized medicine in making that happen, CAPs have everything in common.

Practice constraints and patient care

"Yes, I'm worried about being dictated to by third party payers or institutions on how we're going to practice medicine," says Thomas Shaw, MD. Doctor Shaw is not the only CAP who's worried about being told how to practice medicine. The issues of constraints on practice, i.e., conflicts between what physicians want to do in the interest of patient care and what the corporate rules allow them to do, and its sibling, patient care, are at the **top of the list of concerns** expressed by CAPs for this article.

"It is my feeling that hospitals and insurance companies are interested in quality care, but more interested in the cost of care," says Curtiz Meriwether, MD. Making cost the criterion can narrow a physician's treatment and referral options, limit the amount of time a physician can spend with a patient, and even reward physicians for denying care.

"For instance, you know that cardiac care is best in a certain hospital," explains Enrique Lopez, MD. "But because you're employed in a different system, you can't send your patient there."

"Quality of care is my greatest concern because the insurance companies are looking for the cheapest, and that's understandable. But in health care, cheaper isn't always better," says Russel D. Jelsema, MD. "I had a patient who had to go to Ann Arbor recently from Muskegon because her insurance plan mandated that she couldn't see me. That's absurd."

Some employers measure physician "productivity" in terms of patients per day. "How do we sort out

all the different issues that go into seeing a certain number of patients a day?" asks Cheryl Farmer, MD. "I don't think that's a good index of productivity."

Sometimes, the pressure is more subtle. "A lot of people who are corporate affiliated are actually working for the HMO," explains Farmer. "The HMOs want you to do less testing, see people less often, keep them out of the hands of sub-specialists and so on and so forth, to save money. There are bonus structures being set up all over the country that give you a bonus and Care Choices is doing it here. I mean, they don't employ me but they do give me a per patient, per capita sum every month, and that sum is a function of how they think I'm doing on their indices. So, again, it's a way of encouraging me to do less for patients who may need more."

CAP physicians also need to guard against another threat to patient care, according to Doctor Meriwether. "I'm not one who believes that you can be a doctor for four hours or eight hours a day. It's still a 24-hour-a-day, seven-day-a-week job. When you try to mix that philosophy with the whole concept of, 'well, no, you are an employee and you only work X number of hours,' if you buy into that as a physician, it's quite possible that the patient can lose in the process. And I see that happening," says Doctor Meriwether.

The ultimate constraint on practice was alluded to by Doctor Farmer, talked about concern in the physician community that HMO groups may try to control doctoring in an area by excluding certain physicians. "If that happens," says Doctor Farmer, "then next they'll fire physicians they don't like for whatever, who knows."

Rhoda Powsner, MD, JD, MHSA, does not practice medicine in her current position with Ford Motor Company, but sees rules and restrictions on CAPs as potentially detrimental to patient care as well as to collegial relationships among physicians. Fortunately, she says her employer is very good about allowing her the freedom to act in accordance with the Hippocratic oath. "It's very nice to work under these circumstances and to use my training in other areas such as benefits and some of the emerging health care concepts and programs," says Doctor Powsner.

For many physicians on the MSMS CAPs Committee who talked with *Michigan Medicine*, however, constraints on practice are a daily reality. So are related issues such as conditions of employment and employment contracts. Doctors Barry, Brownell, Doerr, Jonas, Lopez, Meriwether, and Tiberio said employment contracts are a concern. Doctor Lopez said he was actually locked out of his office because he didn't want to sign a renewal contract.

Underlying these feelings of frustration about patient care, conditions of employment, and employment contracts is a pervasive sense that the Michigan State Medical Society, at least until now, has not recognized CAPs as part of its constituency and, therefore, has not been responsive to CAPs concerns. "Many people have characterized organized medicine as a good old boys club of the almost retired family practitioner or specialist in private practice," admits MSMS CAPs Committee Chair Harry Doerr, MD. "Until now, that has left those of us who work for managed care companies or corporations or hospitals feeling that we have no voice in organized medicine."

The good news is that active, growing CAPs Committees are now a reality within MSMS as well as the Wayne County Medical Society, thanks to the administrative and physician leaders of these organizations.

CAPs and organized medicine

"I basically see us as the means by which CAPs find their concerns addressed within the structure of organized medicine," says Doctor Doerr. "That

Continued on next page

Members of the MSMS Corporate Affiliated Physicians Committee

Rudi Ansbacher, MD
Michael R. Balon, MD
Jack L. Barry, MD
Harold H. Brownell, MD
Michael C. Boucree, MD
Harry L. Doerr, MD, (Chair)
Jeffrey H. Dysart, MD
A. Bradley Eisenbrey, MD
Cheryl C. Farmer, MD
Andrew J. Hopkins, MD
Russel D. Jelsema, MD
Cecil R. Jonas, MD
Wayne F. Little, MD
Enrique C. Lopez, II, MD
Robert P. Lorenz, MD
Thomas R. Macholan, MD
Curtiz D. Meriwether, MD
Gerard M. Mosby, MD
Kenneth P. Orbeck, DO
Leo D. Ottoni, Jr., MD
Rhoda M. Powsner, MD
Swarn G. Rajpal, MD
George H. Shade, Jr., MD
Thomas R. Shaw, MD
Dexter W. Shurney, MD, MBA
Doris A. Suciu, MD
F. Remington Sprague, MD
Bruce C. Springer, MD
Angela R. Tiberio, MD
Kathy Maslanka,
Executive Director,
Wayne County Medical Society

Continued from previous page

means representing us as well as designing and helping to implement programs on contracts, negotiations, and managed care to help docs who are moving into a corporate environment."

Several CAPs emphasized the need for representation both inside and outside the organizations which employ CAPs. "We need proper representation of that individual in the organization he's working with and also at the city, state, and national level," says Rudi Ansbacher, MD.

Actually, **CAPs may already have considerable influence** within health care organizations throughout Michigan. "Large organizations such as insurers and employer groups have individuals that are in positions of leadership," explains Dexter Shurney, MD, "and if those individuals are physicians, an organization such as MSMS, through a committee like CAPs, can have a more direct way to effect the change that's appropriate."

But before CAPs as a special interest group can take advantage of these connections, practicing CAPs may need to adjust their attitudes about their non-practicing colleagues. "It's important for practicing physicians to understand the value of having physicians, rather than non-physicians, in management," says F. Remington Sprague, MD. "We are still real doctors and the fact that we are real doctors adds to our value in administrative positions."

Ironically, practicing CAPs themselves suffer similar prejudice from private practice physicians. "Some people in private practice feel that employed physicians do not have the same empathy for patients, that once you're employed, somebody else tells you how to practice medicine and you don't care about your patients anymore," says MSMS President Jack L. Barry, MD. "I've been an employed physician for eight years and I don't think that's true. We have the same compassion for patients and we work just as hard for them."

Wayne F. Little, MD, thinks that achieving cohesion and consensus in a group that includes practicing physicians, administrative physicians, and academic physicians may be difficult. Several CAPs emphasized the urgent need for information-sharing within the CAPs community. Thomas R. Macholan, MD, believes that not enough physicians have involved themselves in governance and leadership. He feels strongly that physicians have the capabilities to be managers and executives in a business sense.

Doctor Shurney agrees. "I saw things being done *to* physicians. I felt that I was a pawn in this whole scenario and I thought, wouldn't it be nice if there were physicians in leadership roles? So instead of being led, I wanted to lead," he says, referring to his decision to work full time for Blue Cross Blue Shield of Michigan. "I think leadership should come from physicians and not from people who have no real experience in practicalities of medicine."

Meanwhile, **many CAPs say they need educational programs** on topics such as contracting, negotiating, and managed care now. "We need to be educated in terms of what the impact of managed care is going to be on us as individual physicians," says Doctor Meriwether. "We need to learn how we can maintain the quality of patient care and, at the same time, maintain our livelihood."



"I feel uncomfortable being a corporate affiliated physician if that means I work like a doc in a box. I'm not one who believes that you can be a doctor for four hours or eight hours a day. It's still a 24-hour-a-day, seven-day-a-week job. When you try to mix that philosophical point of view with the whole concept of, 'well, no, you are an employee and you only work X number of hours,' if you buy into that as a physician, it's quite possible that the patient can lose in the process. And I see that happening."
Curtiz D. Meriwether, MD, FACOG



"There are physicians, like myself, who have been in practice and are just entirely confused, aggravated, frustrated by all sorts of limitations put on them by this new health reform and so they are giving it up for something where they can check in at nine and check out at five. And this creates a whole new culture now because they are now acting as employees instead of employers. It's a whole new concept that needs to be developed and hopefully we can help them with that."
Cecil R. Jonas, MD, FACOG, FACS

"I think that there's a widespread feeling among practicing physicians that physicians in an administrative setting aren't really doctors anymore. It's important for practicing physicians to understand the value of having physicians, rather than non-physicians, in management, that we are still real doctors and the fact that we are real doctors adds to our value in administrative positions. Rather than feeling separate, we really should feel that there's a lot of value in having physicians taking on administrative jobs. So I see the committee as not only an information-gathering resource but also (as a disseminator of) information to the Medical Society and (and a promoter of) the integration of administrative physicians into organized medicine."
F. Remington Sprague, MD



"My own personal belief is that medicine is going to be practiced more at home and in the physician office than in the hospital. Hospitals will be assuming less and less of a role. The question I would raise is, are we going to see a resurgence of individual practice at some point as opposed to group practices which we seem to be tending very much towards with managed care at this particular time. The CAPs Committee's role is to help physicians through this transition because I do not think this transition is as clear as some people maintain."
Rhoda M. Powsner, MD, JD, MHSA



"The common linkage between the physicians in private practice and those in corporate practice is to provide care to patients...Maybe (this) should be the function of this group, to create an understanding and reduce the friction among the various physician groups."
Swarn G. Rajpal, MD

"My forecast for the future is that most physicians will be CAPs. We need to develop a system for providing high quality medical care in the most cost efficient manner. And physicians need to play a very large role in it."
Thomas R. Shaw, MD



"I think they need to reach out to corporate physicians. More and more physicians are becoming salaried and the needs of those physicians often times are a bit different than, say, someone in a group practice or in a solo practice. I think corporate physicians are becoming a larger group and I think, in some instances, represent an influential group that can offer resources and perspectives for the other members of an organization such as MSMS. I think the formation of this committee is a step in the right direction to find out who those people are, what are their needs, what are their interests and bring them into the fold."
Dexter W. Shurney, MD, MBA

Wayne County Medical Society President Cecil Jonas, MD, sees CAPs as a whole new physician culture because they are employees instead of employers. He thinks **it's time medical schools collaborate with business schools** to offer management courses and MBA degrees to interested medical students and physicians. Angela Tiberio, MD, who questions whether traditional practice will even exist in 10 years, agrees that medical school is the place to start. She thinks CAPs could be the role models of the future for medical students and residents.

A number of CAPs stated flatly that legislation may be necessary to protect quality of care and physician rights in a managed care environment. "I think hiring and firing policies are a big issue for a lot of us," says Doctor Tiberio, "Who pulls those strings? Who makes those judgments about us? Ideally, it should be peers and not necessarily business people behind a desk."

A number of CAPs emphasized the overriding importance of building bridges between the various subsets within the CAPs population and bringing all CAPs into the MSMS fold. "I think you're going to see the Medical Society benefit by putting this group together," said MSMS President Jack L. Barry, MD. "And I think the patients in Michigan will benefit, too."

CAPs and the future of managed care

These CAPs interviews suggest that when managed care is peddled like any other service in the marketplace, it's the payers instead of the patients who are treated like customers; physicians become expendable employees; and profit becomes the sole measure of success.

Fortunately, there is also a right way to manage managed care, with plenty of examples to prove the point. When all is said and done, everyone knows that medicine is not just another service, that the patient could be you today and me tomorrow, and that a good doctor can be a precious link to life itself.

Corporate Affiliated Physicians have met the enemy and he is us. They see, perhaps more clearly than anyone, that disunity in the physician community just opens the doors wider for managed care corporations who value profit more than patients. That it is the responsibility of physicians, as patient advocates, to make sure managed care is done right and that patients get the best care medicine has to offer. And that **no one is in a better position** to lead the physician community in fulfilling that trust than Corporate Affiliated Physicians themselves. ■

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Bob Carlson writes for health care journals throughout the United States. He telecommutes from Indianapolis.

Change can be tough for physicians facing career move, retirement

By Thomas E. Stone, MD

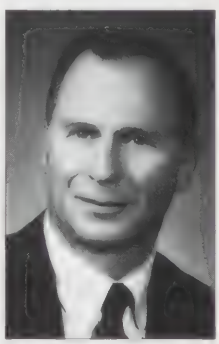


If you're considering a career change or have just gone through one, take a moment to share your experiences with the MSMS Committee on Physicians in Transition. Still in its infancy, this enterprising committee is exploring ways to provide the help and support you need.

The MSMS Committee on Physicians in Transition evolved as a result of a casual conversation between myself and Frederick V. Minkow, MD, a Bloomfield Hills orthopedic surgeon and member of the MSMS Board of Directors. After considering our own personal goals and desires, we informally "surveyed" a number of physicians about their future plans. We were overwhelmed by the interest in the topic. And so with the help of Kevin Kelly, assistant director of the state society, a committee was born.

With a free flow of ideas, we quickly learned that transition means different things to different people. Comments fell into one of three categories: (1) how to leave medicine altogether with a new career pathway; (2) how to get into something different within the medical profession; and (3) how to find fulfillment in retirement.

Transitions, we learned, are not always totally voluntary. For instance, in California a number of physicians are leaving their specialty because of an oversupply and are retraining in primary care. On the other hand, transition can be an opportunity to do something that was once only a dream. We heard of a retired pathologist who took a part time position at an industrial clinic, which left time to teach



"My hope is that MSMS will be able to counsel doctors facing possible retirement, and provide a clearinghouse of information to its membership on alternative careers, medical and non medical job placement, volunteer opportunities, teaching and research positions and post graduate medical retraining."

Frederick V. Minkow, MD
Co-Chair, MSMS Committee
on Physicians in Transition

the "History of Medicine" at a university. Another physician made two career changes after retiring—in the foreign service as a medical officer and then as a medical administrator. Our most extreme example of a career change was that of a neurosurgeon who left practice to enter law school. Robert D. Burton, MD, a past president of MSMS, is a retired otolaryngologist who now serves as a team physician on archaeological digs. In transition, some physicians serve as consultants to the Red Cross, Hospice, etc.; take locum tenems, use their medical skills on cruise ships or at camps. For the most part, however, most physicians in transition are those who slow up their practices, take fewer calls, "cut back," and/or totally retire.

The MSMS Committee on Physicians in Transition is currently exploring ways it can serve as a facilitator and resource to those physicians anticipating a career change or to those who have already made the change. Formal retraining programs exist in several states outside Michigan and MSMS is now looking into developing a similar program(s) in this state.

We would like to hear from physicians who have had experiences—both good and bad—with a career change. If you know of opportunities such as locum tenems, contact us so we can add it to the list. In addition, we would like to hear from physicians who have been in retirement. We encourage you to send your comments to: MSMS Committee on Physicians in Transition, P.O. Box 950, East Lansing, MI 48826-0950. Fax 517/337-2490. ■

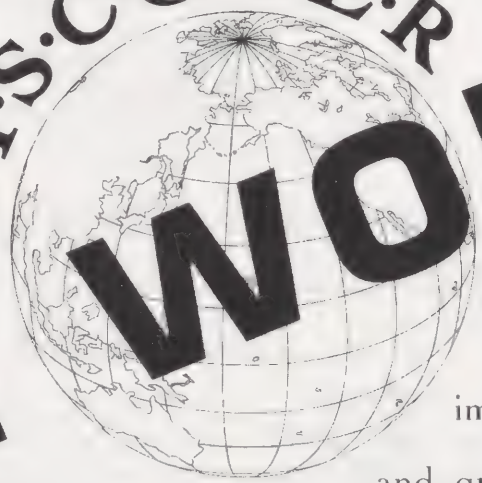
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Thomas E. Stone, MD, Co-Chair
Archie W. Bedell, MD, PhD
John J. Coury, MD
Nancy Crandall
James E. McGillicuddy, MD
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Caring for the Urban Poor Leads Susan Hershberg Adelman, MD, to the AMA Council on Medical Service

By M. Susan Raef

When Detroit pediatric surgeon Susan Hershberg Adelman, MD, was elected to the AMA Council on Medical Service (CMS) in 1992, "I begged to get on the Access Committee," she recalls, "because I identify very much with the issues of the urban poor."

Doctor Adelman now chairs the CMS Access Committee. On it, she was instrumental in developing a key CMS report on health care of the inner-city poor.

Caring for the poor — and a passion for writing — have been the driving forces in Doctor Adelman's career since her days as a medical student in the 1960s, when she helped launch a free clinic in a Detroit housing project.

A desire to write prompted Doctor Adelman to venture into organized medicine. Soon after starting her practice in inner-city Detroit, a pediatrician suggested Doctor Adelman become involved in the medical society. She said she might have time — but didn't know if she was interested.

"What are you interested in doing?" the pediatrician asked.

"I write," she replied, adding, "If you want to put me on the board of *Detroit Medical News,* I might be interested."

"You don't start out that way," he answered.

Doctor Adelman did! She got on the board of *Detroit Medical News,* got into writing — and things started happening.

Blue Cross/Blue Shield asked her to serve on its board, which she did for nearly seven years — giving her much to write about. Doctor Adelman got involved in setting up the Physician Primary Sponsor Plan for managing Medicaid patients' care through private offices. The project "...was close to my heart because it was Medicaid," she recalls, "and those were the people I primarily took care of."

"I begged to get on the Access Committee. I identify very much with the issues of the urban poor."

Doctor Adelman's work with Blue Cross/Blue Shield made her very knowledgeable about contracting issues — prompting her friend, colleague and mentor, Robert Black, MD, to ask her to help him set up a corporation at the Detroit Medical Center to do the contracting for the medical center hospital's doctors. She worked on the project for nearly six years.

As Doctor Adelman kept writing, she became editor of *Detroit Medical News*... then secretary, and later, president of the Wayne County Medical Society... and president of MSMS.

Continued on next page

In 1987, Doctor Adelman served as an AMA alternate delegate — and she began writing a monthly column for *American Medical News*. She became an AMA delegate in 1991, and found the Council on Medical Service, "...probably the key council in looking at the full range of issues dealing with medical care delivery."

Doctor Adelman reaches more than 300,000 physicians each month through her *AMNews* column. Her shoot-from-the-hip commentaries tackle issues from MSOs to the use of the title "doctor" in professional and social settings.

"Anybody who believes that physicians control the business managers of an MSO, rather than the reverse, is not paying attention," she wrote in a recent column about MSOs headlined "Medicine's new carpetbaggers."

"I had the classic problem. I was in solo practice, and like so many people, ultimately needed to do something about it."

Doctor Adelman brings the issues facing inner-city patients — and small employers — to a personal level. "The mother of a patient of mine would like very much to work part-time for me," she wrote in a November 1994 column about subsidies for health coverage. "She has the necessary skills, and she would be a great asset to my office. The problem is that she is on Medicaid."

"If she works part-time, she loses her Medicaid, and the health insurance bill for her large family will be close to $6,000. It is too expensive for me to pay 80 percent of that for a part-time worker. So she stays on Medicaid."

Doctor Adelman also has a gift for communicating with her patients. "My Dearborn practice," she explains, "is in a very large Arab community — so I learned enough Arabic to conduct that part of my practice in Arabic."

In 1989, Doctor Adelman's *AMNews* commentary about the estrangement of the American College of Surgeons from the AMA House of Delegates netted far-reaching results. "The AMA and ACS were positioning themselves so Congress could divide and conquer them," she explains, "...splitting them and playing them against each other on performance standards and Medicare issues. They were so vulnerable because they were split."

That column led to the founding of the AMA's Surgical Caucus — which ultimately helped bring the American College of Surgeons back into the AMA House of Delegates. Doctor Adelman was voted chair-elect of the Surgical Caucus at its first meeting in 1989, and has served as chair since 1993.

She was also involved in launching another surgeons' organization — the American Society of General Surgeons — which developed out of the Surgical Caucus. Doctor Adelman has been on the ASGS's board since its inception.

The American College of Surgeons later appointed Doctor Adelman to its committee on professional liability. "I was very much involved in the state in the passage of the liability laws," she says.

Doctor Adelman has been very active in health care reform. She served on the White House Health Professionals Review Group which reviewed the White House Task Force for Health Care Reform.

Another special interest: the changing face of medical practice. "I have a very intense and active interest in what's going on in the private sector, and in transformation of physician practices," explains Doctor Adelman.

"I had the classic problem. I was in solo practice, and like so many people, ultimately needed to do something about it."

"Six months ago," Doctor Adelman says, "I made a transition from solo private practice, which I'd done for 20 years, to the faculty of the University of Michigan Division of Pediatric Surgery — which is quite a change."

"There's more career changing going on now than at any time in the past," she says.

How does Doctor Adelman envision her future in AMA leadership? "For now, I very much enjoy the Council on Medical Service," she says, "and for the moment, my goal is to get reelected in June."

"If I get reelected and I continue to enjoy it, and it looks like I would be a candidate to go on from there, then I would be open to discussion..." ■

M. Susan Raef is president of WordPower Communications, Inc., a Chicago-based marketing communications firm. She is the former director of the American Medical Association's Department of Communications Services.

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BOARD OF MEDICINE ACTIONS

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate action and are reproduced verbatim from summaries prepared by the Michigan Department of Commerce, Office of Health Services.

Name: James H. Dallman, MD, 1675 Leahy St., Ste. 304B, Muskegon, MI 49442
Action, Date Taken: License Suspended - 60 days, Limited License, Fine - $1,000, 01-19-95
Reason: Negligence-Incompetence, Lack of Good Moral Character

Name: James F. Eichmeier, MD, 2934 Mt. Hope Rd., #208, Okemos, MI 48864
Action, Date Taken: Controlled Substance and Drug Control Licenses Revoked, 02-01-95
Reason: Controlled Substance Violations

Name: James R. Frew, Jr., MD, Rapid Care, 1103 North State St., Big Rapids, MI 49307
Action, Date Taken: Reprimand, Fine - $500, 02-17-95
Reason: Probation Violation

Name: Thomas G. Hicks, MD, 777 Indian Hills Dr., Hastings, MI 49058
Action, Date Taken: License Suspended - 6 months & 1 day, Fine - $5,000
Reason: Drug Related, Probation Violations

Name: George T. Huckle, MD, 656 Castilla Lane, Boynton Beach, FL 33435
Action, Date Taken: Limited License, 01-18-95
Reason: Failure to report sister state disciplinary action

Name: Falih R. Kazangy, MD, 8609 W. Grand River, Brighton, MI 48116
Action, Date Taken: Fine 0 $500, 01-18-95
Reason: Criminal Conviction - Insurance Fraud

Name: Ali Salim Makki, MD, 5641 Schaefer, Dearborn, MI 48126
Action, Date Taken: Probation - 1 yr., Reprimand, Fine $1,000, 01-18-95
Reason: Criminal Conviction - Insurance Fraud

Name: George P. Malick, MD, 25779 Kelly Rd., Suite A, Roseville, MI 48066
Action, Date Taken: By order of the Macomb County Circuit Court, the summary suspension dated 1-17-95 and effective 1-18-95 is Stayed.

Name: Marshall D. Nickerson, Jr., MD, 19363 Hull St., Detroit, MI 48203
Action, Date Taken: Licensure Denied, 02-03-95

Name: William A. Scalf, MD, 250 Worchester, NE, Grand Rapids, MI 49503
Action, Date Taken: License Reinstated, 02-02-95

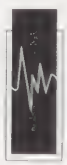
Name: David A. Vila, MD, 4612 Palmer, Dearborn, MI 48126
Action, Date Taken: Reclassified w/Unlimited License, 02-03-95

Name: Joseph C. Ward, MD, 5837 Rivers Edge Dr., Fallon, NV 89406
Action, Date Taken: Reclassified w/Unlimited License, 02-03-95 ■

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MSMS MD data

Data and Information for Physician Leaders

Michigan Medicine is pleased to feature *MD Data*, a factsheet for physicians developed by the MSMS Department of Medical Economics and Health Care Delivery. This feature, scheduled to appear every other month in *Michigan Medicine*, is designed to provide physicians concise and informative data on socioeconomic and health policy issues. For more information, contact Julie L. Lester, Chief of Health Care Research, at (517) 336-5768.

US Patients Better Off than Canadians After Cardiac Care

Americans who have heart attacks receive more follow up surgical care and recover more quickly than do their Canadian counterparts. The researchers, from a joint Canadian-U.S. research team, found that more American patients, after one year, could resume normal activities, like walking, climbing stairs, housework and recreational activities. Eighty-six percent of Americans report the same or better overall health as before their heart attack, compared to 77 percent of Canadians. Canadian patients also reported more trouble with angina. Canadian patients feel worse and function at a lower level even if they received coronary artery bypass surgery or angioplasty, perhaps due to the fact that the Canadian patients waited longer after the heart attack to undergo the procedure.

Source: *Medical Benefits, Volume 11, Number 1, January 15, 1994, pp. 7-8.*

Doctor-Patient Relationship Key to Decision to Sue

A survey of 113 medical malpractice plaintiff's attorneys reveals that the doctor-patient relationship and the type and extent of the injury primarily influence whether a patient will sue or not. Characteristics of the physician or patient have far less influence on the decision. Long term relationships and good communication decrease the likelihood of a suit. Permanent injuries and those impacting mental function have the greatest role in the success of the suit and the size of the award. These are followed by injuries affecting hearing, sight, and reproductive functioning. Perceived "worthiness" of the patient also influences the size of the award.

Injuries that are not visible are less likely to result in a suit, and if a suit is pursued, decrease the chance of winning or the size of the settlement or award. This suggests that being able to see the injury influences jury sympathy.

The attorneys surveyed agreed that larger awards go to the elderly, minorities, those that are unmarried, unemployed, or that are younger and have a dependent minor. Successful suits and larger awards are more likely if the physician was born or trained in a non-English-speaking country or was not board certified.

Source: *Research Activities, Agency for Health Care Policy and Research, Number 180, December 1994, pp. 8-9.*

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Characteristics of Older Adult Alcoholics

Older adults that drink have a better chance at successful treatment and are less likely to relapse once they have obtained treatment, but since often they are drinking in response to losses associated with aging, they are less likely to seek treatment in the first place. Older adults may turn to drinking to fill voids left by retirement, death of a spouse or depression. Two-thirds of older adult abusers began drinking heavily in their 40s or younger, while one third report that it became a problem after retirement. Older adults are more likely to attribute to the aging process symptoms that actually arise from drinking or from alcohol-prescription drug interactions. Eighty-eight percent of older adults that receive treatment are males; females are more likely to experience adverse drug interactions since they tend to consume twice the medication of males.

Source: *Substance Abuse Services for Older Adults, Center for Substance Abuse Services, Michigan Department of Public Health, September 1994, pp. 20-23.*

Factors Influencing Delayed Immunizations for Children in an HMO

Even when families have insurance coverage, timeliness of childhood immunizations is affected by other variables. A 1992 study of 13-month-old children in a California regional group model HMO revealed that immunization rates were higher than for the general population as would be expected, but that 16 percent of the children were late for their shots by two months and 13 percent were late by three months. The most significant factors in causing these delays were larger family size, not having a regular doctor, not knowing when the next shot was due, and less concern with risks. Income, education, language spoken at home, and amount of copayment were not important factors in delaying immunizations.

Source: *Healthcare Trends Report, Volume 8, Number 12, December 1994, p. 4.*

Prenatal Appointments Missed by Poor Women with High Risk Pregnancies

High risk pregnancies are placed at further risk when urban, low-income women miss prenatal appointments. The chance to avoid some stillbirths, spontaneous preterm deliveries and serious maternal health problems is lost when visits are not regular. Thirty to 40 percent of pregnant women receiving care at an Alabama high-risk obstetrics clinic missed an appointment. The reasons given were transportation problems (30 percent), an inconvenient appointment time (10 percent), forgetting the appointment (10 percent), or illness (8 percent). Financial problems were cited by only 2 percent of the 118 women in the study. Rescheduling with the patient was difficult because many have no telephone or move frequently. Recommendations for improving outcomes in these patients include updating addresses and phone numbers at every visit, getting the names and phone numbers of relatives, and teaching the women how keeping their appointments can improve the chances of having a healthy baby.

Source: *Research Activities, Agency for Health Care Policy and Research, Number 178, September 1994, pp. 4-5.* ■

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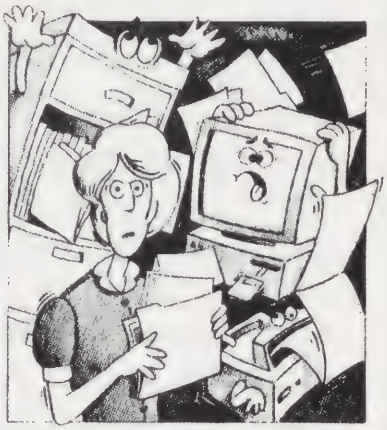
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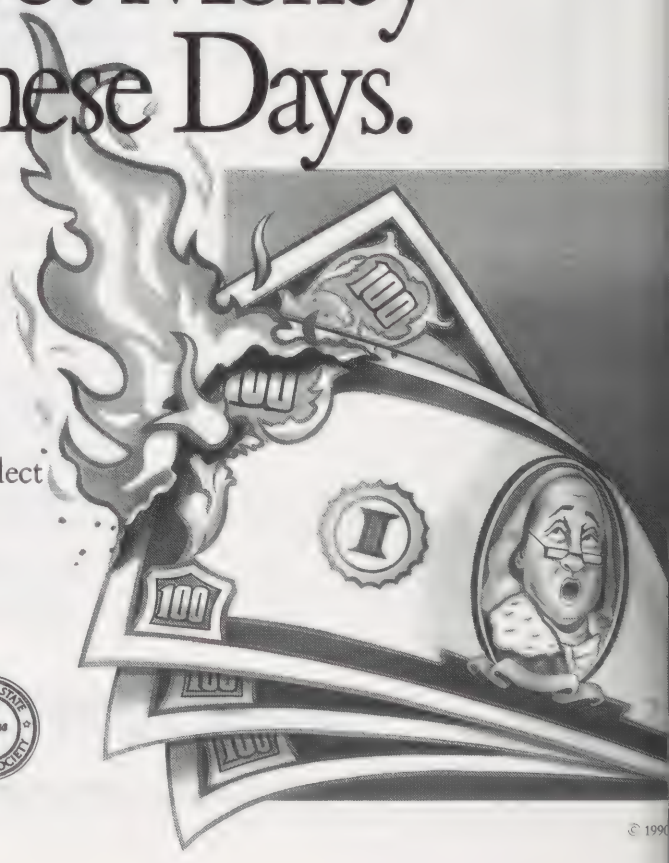
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MSMS MEETINGS

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11, Closed Claim Review Session - Family Practice. Muskegon. Contact Debra Metro at (517) 336-5769.

25, Closed Claim Review Session - Family Practice. Saginaw. Contact Debra Metro at (517) 336-5769.

27, Closed Claim Review Session - Family Practice. Michigan State Medical Society Headquarters. East Lansing. Contact Debra Metro at (517) 336-5769.

May

2, Clinical Conference #1: Prevention of Venous Thromboembolism. North Oakland Medical Center, Pontiac. Contact Debra Metro at (517) 336-5769.

3, Closed Claim Review Session - Obstetrics/Gynecology. Bay City. Contact Debra Metro at (517) 336-5769.

4, Closed Claim Review Session - Obstetrics/Gynecology. Novi. Contact Debra Metro at (517) 336-5769.

4, Clinical Conference #1: Prevention of Venous Thromboembolism. Hilton Hotel, Novi. Contact Debra Metro at (517) 336-5769.

5, Closed Claim Review Session - Obstetrics/Gynecology. East Lansing. Contact Debra Metro at (517) 336-5769.

5-7, MSMS House of Delegates Meeting. Ritz Carlton - Dearborn. Contact Donna Farougi at (517) 336-5735.

5 & 7, MSMS Board of Directors Meeting. Ritz Carlton - Dearborn. Contact William E. Madigan, MSMS Executive Director, at (517) 336-5733.

7-10, MSMS Alliance House of Delegates Meeting. Ann Arbor. Contact Jennifer Anibal at (517) 336-7595.

9, Closed Claim Review Session - Obstetrics/Gynecology. Pontiac. Contact Debra Metro at (517) 336-5769.

9, Clinical Conference #1: Prevention of Venous Thromboembolism. WMU Regional Center, Grand Rapids. Contact Debra Metro at (517) 336-5769.

10, Closed Claim Review Session - Obstetrics/Gynecology. Grand Rapids. Contact Debra Metro at (517) 336-5769.

11-13, Physician Executive Leadership Institute. Ann Arbor. Contact Debra Metro at (517) 336-5769.

17, Capitation & Managed Care Contracting. Grand Rapids. Contact Roberta Lott at (517) 336-5767.

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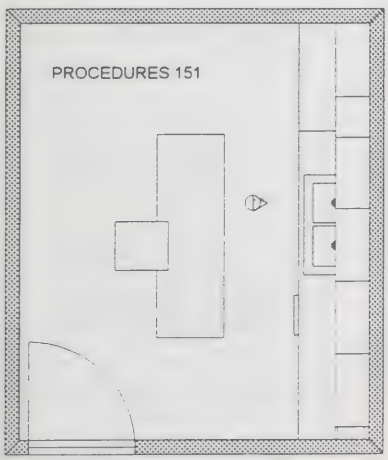
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19, Pain Management. Location: Dearborn, Michigan. Contact: Office of Physician Education, (517) 336-5784.

24, Regional Scientific Meeting. Location: Amway Plaza, Grand Rapids, Michigan. Contact: Sarah Cressman, Chief, Clinical Education, (517) 336-5727.

25-26, MSMS Maternal, Perinatal and Child Health Retreat. St. Clair. Contact Andy Lott at (517) 336-5719.

July

13-16, MSMS Mid Summer Board of Directors Meeting. Boyne Mountain. Contact William E. Madigan, MSMS Executive Director, at (517) 336-5733.

September

6, Pain Management. Location: Grand Rapids, Michigan. Contact: Office of Physician Education, (517) 336-5784.

November

2-4, Michigan State Medical Society Annual Scientific Meeting. Location: Lansing Center, Lansing, Michigan. Contact: Sarah Cressman, Chief, Clinical Education, (517) 336-5727.

AMA MEETINGS

June

18-22, AMA Annual House of Delegates Meeting. Chicago, IL. Contact Judy Marr, Manager, MSMS Department of Communications & Professional Relations, at (517) 336-5744.

December

3-6, AMA Interim Meeting. Washington, DC. Contact Judy Marr, Manager, MSMS Department of Communications & Professional Relations, at (517) 336-5744.

MICHIGAN SPECIALTY SOCIETY MEETINGS

May

9-12, Michigan Society for Respiratory Care 37th Annual Scientific Symposium. Holiday Inn South/Convention Center, Lansing. Contact Caroline Kimmel at (517) 336-7587.

13, Michigan Society of Internal Medicine Spring Meeting. Doubletree Guest Suites, Southfield. Contact Caroline Kimmel at (517) 336-7587. ■

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18, Working With the Explosive Patient. Sponsor: Bar-Levav Educational Association. **Contact:** Joseph Gluski, MD, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI, 48075, (810) 353-5333. **Approved for:** 4 hours of Category I Credit.

19-20, Office/ER Ultrasound. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 11.75 hours of Category I Credit.

21-22, Stress EKG. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.0 hours of Category I Credit.

24-28, 23rd Annual Spring Update: Advances in Internal Medicine. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Internal Medicines. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

25, Working With Patients' Narcissism. Sponsor: Bar-Levav Educational Association. **Contact:** Joseph Gluski, MD, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI, 48075, (810) 353-5333. **Approved for:** 4 hours of Category I Credit.

28-29, 11th Annual Pulmonary Seminar. Location: MSU - Kellogg Center, East Lansing, Michigan. **Sponsor:** Michigan Capital Healthcare Continuing Medical Education Department. **Contact:** (517) 334-2107. **Approved for:** 12 hours of Category I Credit.

MAY

2, Working With Patients' Narcissism. Sponsor: Bar-Levav Educational Association. **Contact:** Joseph Gluski, MD, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI, 48075, (810) 353-5333. **Approved for:** 4 hours of Category I Credit.

9, Recalcitrant Obesity Revisited. Sponsor: Bar-Levav Educational Association. **Contact:** Joseph Gluski, MD, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI, 48075, (810) 353-5333. **Approved for:** 4 hours of Category I Credit.

11-13, Physician Executive Leadership Institute. Location: Gerald R. Ford Library, Ann Arbor. **Sponsors:** Michigan State Medical Society, University of Michigan School of Public Health, Michigan Physicians Mutual Liability Co. **Contact:** Michigan State Medical Society, Attn: Registrar, 120 West Saginaw St., P.O. Box 950, East Lansing, MI 48826-0950, (517) 336-5769, fax, (517) 336-5797. **Approved for:** 6.0 hours of Category I Credit.

Continued on next page



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CATEGORY I COURSES

Continued from previous page

16, Recalcitrant Obesity Revisited. Sponsor: Bar-Levav Educational Association. **Contact:** Joseph Gluski, MD, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI, 48075, (810) 353-5333. **Approved for:** 4 hours of Category I Credit.

18-19, Vestibular Rehabilitation. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Otolaryngology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

18-20, Advanced Course in Endoscopic Sinus Surgery. Location: Scott Hall, Wayne State University School of Medicine, Detroit, Michigan. **Sponsor:** Wayne State University, Division of Continuing Medical Education. **Contact:** Janice Freytag, Conference Coordinator, Office of CME, Wayne State University, 4021 St. Antoine, 4H UHC, Detroit, Michigan, 48201, (313) 577-1180, fax (313) 577-7560. **Approved for:** 19.5 hours (lab and lecture) or 10.5 hours (lecture only) Category I Credit.

19-20, Colposcopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

22-25, Eighth Annual Continuing Education Program: Training on Issues in Aging. Location: Management Education Center, Troy Michigan. **Sponsor:** Wayne State University, Division of Continuing Medical Education. **Contact:** Janice Freytag, Conference Coordinator, Office of CME, Wayne State University, 4021 St. Antoine, 4H UHC, Detroit, Michigan, 48201, (313) 577-1180, fax (313) 577-7560. **Approved for:** 22.0 hours (all 4 days) or 5.5 hours (one day only) Category I Credit.

22-26, All Michigan OB/GYN Review. Location: The Dearborn Inn, Dearborn, Michigan. **Sponsor:** Wayne State University, Division of Continuing Medical Education. **Contact:** Janice Freytag, Conference Coordinator, Office of CME, Wayne State University, 4021 St. Antoine, 4H UHC, Detroit, Michigan, 48201, (313) 577-1180, fax (313) 577-7560. **Approved for:** 36.5 hours Category I Credit, 37 ACOG Cognates.

23, Battling Self-Indulgence and Instilling Self-Discipline: Implications for Psychotherapy. Sponsor: Bar-Levav Educational Association. **Contact:** Joseph Gluski, MD, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI, 48075, (810) 353-

PRIMARY CARE MEDICINE: COMMON PROBLEMS - NEW INSIGHTS

Wednesday, May 24, 1995
Marriott Hotel, Troy, Michigan

Registration: 12:30 p.m.
Program: 1:30 p.m. - 7:00 p.m.

For Internal Medicine and Family Practice Physicians

William Beaumont Hospital, an organization accredited by the MSMS Committee on CME Accreditation, designates this activity meets the criteria for a maximum of 4.5 credit hours in Category I toward the requirements for Michigan relicensure and of the Physician's Recognition Award of the AMA, provided it is completed as designed.

OBJECTIVES:
- Understand current strategies for detection and management of depression.
- Appreciate modern concepts in the approach to the patient with premenstrual syndrome.
- Gain a practical framework for precepting residents in the ambulatory setting.
- Be aware of up-to-date methods for the office management of HIV infection.
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CATEGORY I COURSES

5333. **Approved for:** 4 hours of Category I Credit.

24, Dementia in the 90's: Effective Management Practices for Primary Care Physicians. Location: Hotel Pontchartrain, Detroit. **Sponsor:** Alzheimer's Association, Detroit Area Chapter. **Contact:** Alzheimer's Association, Detroit Area Chapter, (810) 557-8277. **Approved for:** 4 hours of Category I Credit.

24-26, Selected Hot Topics in Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 22.5 hours of Category I Credit.

30, Battling Self-Indulgence and Instilling Self-Discipline: Implications for Psychotherapy. Sponsor: Bar-Levav Educational Association. **Contact:** Joseph Gluski, MD, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI, 48075, (810) 353-5333. **Approved for:** 4 hours of Category I Credit.

31-June 2, Current Topics in Blood Banking: 22nd Annual Symposium. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Pathology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

JUNE

7-9, Emergency Imaging in an Urban Medical Center. Location: The Dearborn Inn, Dearborn, Michigan. **Sponsor:** Wayne State University, Division of Continuing Medical Education. **Contact:** Janice Freytag, Conference Coordinator, Office of CME, Wayne State University, 4021 St. Antoine, 4H UHC, Detroit, Michigan, 48201, (313) 577-1180, fax (313) 577-7560. **Approved for:** 20.0 hours Category I Credit, 19.5 ACEP Hours.

15-16, Dermatologic Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.5 hours of Category I Credit.

19-23, 31st Annual Northern Michigan Summer Conference: An Update on Common Clinical Concerns. Location: Shanty Creek Resort, Bellaire, Michigan. **Sponsor:** University of Michigan Medical School, Department of Family Practice. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and

Continued on next page

Wayne State University

Medical Alumni Reunion and Clinic Day

1868

CME Session

9:00 A.M. - 11:30 A.M.

Joseph Aisner, M.D.
Professor of Medicine, Oncology, Pharmacy and Development Therapeutics
University of Maryland Cancer Center
Life's Choices - Death and Dying

Marc I. Evans, M.D.
Professor and Vice Chief of Obstetrics and Gynecology
Professor of Molecular Medicine and Genetics
Professor of Pathology
Director, Division of Reproductive Genetics
Director, Center for Fetus Diagnosis and Therapy
Wayne State University School of Medicine
Genetics - How Far?

Michael C. Perry, M.D., F.A.C.P
Professor Department of Internal Medicine
Nellie B. Smith Chair of Oncology
Director, Div. of Hematology/Medical Oncology
Universtiy of Missouri/Ellis Fischel Center
Ethical Issues in Managed Care

11:45 A.M.

Annual Alumni Association Luncheon
Elvis Smith Alford, M.D. and Nellie Corbin Alford Memorial Scholarship Award
Dr. Morris S. Brent Award

Jerry M. Linenger, M.D., M.S.S.M., M.P.H., Ph.D.
Commander, Medical Corps, United States Navy
United States Astronaut
Medical Changes from Space Travel

Presentation of certificates to the Classes of '45 and '70

7:00 p.m. Reception and Dinner Dance
Somerset Inn, Troy, MI

Presentation of the Distinguished Alumni Award and Lawrence M. Weiner Award

Sponsored by
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Ethical Issues Facing Medicine

ethical MEDICINE

Saturday, May 13, 1995

CATEGORY I COURSES

Continued from previous page

Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

22-23, Colposcopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

24, LEEP/LETZ/LOOP. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 6.25 hours of Category I Credit.

24, Reproductive Endocrinology and Infertility in the 21st Century Honoring Dr. Kamran Moghissi. Location: The Ritz Carlton, Dearborn, Michigan. **Sponsor:** Wayne State University, Division of Continuing Medical Education. **Contact:** Janice Freytag, Conference Coordinator, Office of CME, Wayne State University, 4021 St. Antoine, 4H UHC, Detroit, Michigan, 48201, (313) 577-1180, fax (313) 577-7560. **Approved for:** 6.5 hours Category I Credit, 6.0 ACOG Cognates.

JULY

9-12, 21st Annual Mackinac Island Course: Advances in the Management of Infectious Diseases. Location: Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Michigan Medical School, Division of Infectious Diseases, Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 13.0 hours Category I Credit.

14-15, Sclerotherapy. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 11.25 hours of Category I Credit.

23-25, 9th Annual Symposium on Breast Disease: Diagnostic Imaging and Current Management With a Special Focus Session for Technologies. Location: Grand Traverse Resort Village, Grand Traverse, Michigan. **Sponsor:** University of Michigan Medical School, Department of Radiology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313)

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When:
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Where:
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Robert C. Smith, MD
Course Director, B306 Clinical Center,
Michigan State University,
East Lansing, MI 48824 (517) 355-6516

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CATEGORY I COURSES

763-1400. **Approved for:** Category I Credit.

28-29, 75th Annual Coller Penberthy Thirlby Medical Conference. Location: Park Place Hotel, Traverse City, Michigan. **Sponsor:** Munson Medical Center and Medical Staff. **Contact:** Paula Parshall, Medical Education, Munson Medical Center, 1105 Sixth Street, Traverse City, Michigan, 49684-2386, phone - (616) 935-6546, fax - (616) 935-7124. **Approved for:** 9-13 hours of Category I Credit.

AUGUST

9, Flexible Sigmoidoscopy. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 5.5 hours of Category I Credit. ■

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Wednesday, April 26, 1995 - Holiday Inn, Flint

Speakers

Peter B. Campbell, M.D.
Hurley Medical Center
MSU College of Human Medicine

Elizabeth Hale, M.D.
Hurley Medical Center
MSU College of Human Medicine

Eyassu Habte-Gabr, M.D.
Hurley Medical Center
MSU College of Human Medicine

Lawrence Sands, D.O.
Arizona Department of Health Services

Carol Kauffman, M.D.
U of M Medical School

Chatrchai Watanakunakorn, M.D.
Northeastern Ohio Universities
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BC/BE INTERNIST/FAMILY PRACTICE PHYSICIAN - to join busy twelve man multi-specialty group in metropolitan Detroit. Three year package including salary, malpractice coverage and benefits. Contact Scot F. Goldberg, MD, c/o South Macomb Internists, P.C., 11900 E. Twelve Mile Road, Suite 300, Warren, Michigan 48093. Phone number is 1-810-751-7515.

BC/BE PEDIATRICIAN needed for well established, busy practice in norther suburbs of the Detroit metropolitan area. Competitive salary and benefits leading to early partnership. Unlimited educational, cultural, and recreational opportunities available. (810) 398-8400.

BEAVER DAM, WISCONSIN Medical Associates of Beaver Dam is actively recruiting a BE/BC family physician to join its staff of six family physicians. Call is shared equally and all hospital admissions are at our local 100 bed hospital. Beaver Dam is a safe, family oriented community of 15,000 located 45 minutes north of Madison with excellent schools and four season recreational opportunities. Excellent compensation and benefits are provided. For more information please contact Scott M. Lindblom, Medical Staff Recruiter, Dean Medical Center, 1808 West Beltline Highway, 1-800-279-9966, (608) 259-5151, FAX (608) 259-5294 or at home (608) 833-7985.

HIGH VOLUME/HIGH ACUITY URBAN/SUBURBAN EMERGENCY DEPARTMENT- looking to add to it's stable group. Democratic, fee for service arrangement with Emergency Medicine Residency Program and University Affiliation. If this sounds appealing, please send C.V. to Emergency Medicine Specialists, P.C., 18161 West 13 Mile Road, Suite A-2, Southfield, MI 48076 or fax your C.V. to (810) 642-5075

INTERNAL MEDICINE OR FAMILY PHYSICIAN for Flint area practice. $100,000 plus with malpractice covered or percentage arrangement available. Send CV to: P.O. Box 257, Durand, MI 48429.

JANESVILLE, WISCONSIN Dean Medical Center, a 300 physician multispecialty group, is actively recruiting additional BE/BC internal medicine physicians to practice at the Riverview Clinic locations in Janesville, Milton and Delavan, Wisconsin. Traditional in-

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ternal medicine and urgent care practice opportunities are available. Janesville, population 55,000, is a beautiful, family oriented community with excellent schools and abundant recreational activities. Excellent compensation and benefits are provided with employment leading to shareholder status. Send C.V. to Stan Gruhn, M.D., Riverview Clinic, P.O. Box 551, Janesville, WI 53547 or call (608) 755-3500. An Equal Opportunity Employer.

JANESVILLE, WISCONSIN - URGENT CARE Riverview Clinic, a division of Dean Medical Center, is actively recruiting an urgent care physician to join its medical staff. We recently increased our compensation package which is based on a 40 hour work week. Total compensation for Year 1 $108,000.00, Year 2 $134,642.00 and Year 3 $135,000.00. We currently have two physicians which staff the clinic from 9:00 a.m. - 9:00 p.m. Monday through Friday and 9:00 a.m. - 11:30 a.m. on Saturday and desire to expand the hours of operation until 9:00 p.m. on Saturday and 1:00 p.m. - 9:00 p.m. on Sunday. Our facility is brand new and well equipped with 8 exam rooms, lab and x-ray. Flexible hours are available with an expected total of 30-40 hours per week. Excellent compensation and benefits are provided. For more information contact Scott M. Lindblom, Dean Medical Center, 1808 West Beltline Highway, Madison, WI 53713, (work phone) 1-800-279-9966 or (608) 259-5151, FAX (00608) 259-5294, (home phone) (608) 833-7985.

JANESVILLE, WISCONSIN Dean Medical Center, a 300 physician multi-specialty group, is actively recruiting additional BE/BC family physicians to practice at the Riverview Clinic locations in Janesville, Milton and Delavan, Wisconsin. Traditional family practice and urgent care opportunities are available. Janesville, population 55,000, is a beautiful, family oriented community with excellent schools and abundant recreational activities. Excellent compensation and benefits are provided with employment leading to shareholder status. Send C.V. to Stan Gruhn, M.D. Riverview Clinic, P.O. Box 551, Janesville, WI 53547 or call (608) 755-3500. An Equal Opportunity Employer.

LANCASTER, WISCONSIN Dean Medical Center, a 300+ physician private multi-specialty group, is actively recruiting for one Board Eligible/Board Certified family physician to practice at the Grant Community Clinic in Lancaster, Wisconsin (population 4,200), an affiliated clinic of Dean Medical Center. Their current staff consists of three family physicians, and one general surgeon. The group also has two physician assistants on staff. Each physician is at the clinic six hours a day, four days per week, seeing between 20-25 patients daily. A minimum of $110,000.00 guaranteed salary plus incentive is provided. For more information please contact Scott M. Lindblom, Medical Staff Recruiter, Dean Medical Center, 1808 West Beltline Highway, 1-800-279-9966, (608) 259-5151, FAX (608) 259-5294 or at home (608)833-7985.

Continued on next page

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Continued from previous page

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PORT HURON - A Board Certified Internist seeking a BE/BC general internist to join a very busy and growing practice. Port Huron is located on the shores of Lake Huron and the St. Clair River within a 60-minute commute to metropolitan Detroit. The community has a population of approximately 55,000 with a service area of approximately 125,000; and excellent school system; strong industrial base and is family oriented. If interested, send curriculum vitae to: **Dennis L. Hoover, PORT HURON HOSPITAL, 1001 Kearney Street, Port Huron, MI 48060. (810) 989-3104**

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Continued on next page

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PRESIDENT'S PAGE

Physician well-being weaves throughout fabric of medical society

By B. David Wilson, MD

Editor's note: MSMS President Jack L. Barry, MD, invited MSMS President-Elect B. David Wilson, MD, to address physician well-being in this month's President's Page. Doctor Barry will present his final presidential farewell in next month's issue of Michigan Medicine.



Over the past few years I have been distressed to see a number of physicians prepare to retire early or leave medicine because of the changing times.

A surgeon retired in his mid-fifties to become an entrepreneur because it was no longer fun to practice medicine. He had been sued, and he didn't want to have to worry about professional liability suits anymore.

Another physician friend, in his early sixties, can't wait to retire because of all the hassles which, he feels, are encroaching on his ability to take care of his patients.

Another friend, in his late fifties, is leaving his practice and starting all over because his practice was bought out by "the hospital" and he was in the minority when his partners voted to sell.

These are just three cases of major upheavals in the lives of practicing physicians who have been subjected to the increased stresses and pressures of our changing medical climate. One has left medicine. Another can't wait to leave. And a third is forced to start anew like a physician just finishing his or her residency when he should be enjoying the years spent taking care of his patients.

I feel the well-being of physicians as a medical resource is an area we all should work to preserve. Stresses are always a part of life; but for some reason, physicians are thought to be immune, or at least untouched, by them. We frequently are thought to be pillars of granite when we are caring for our patients. But underneath we are humans with emotions and vulnerabilities.

One of my areas of emphasis during my presidential year will be to help physicians identify these stress areas, bring them to the surface and through the assistance of the Michigan State Medical Society, direct them to resources that can help.

Of course, the first step in overcoming any problem is to admit that a problem exists. This is the hard part. If you bang your head against a wall long enough, it's either going to start to hurt, or you're going to get used to it. Either way, you've got to deal with it.

That's where the Michigan State Medical Society fits in. I see MSMS as a resource to help physician members deal positively with the changing environment.

I see the medical society as a clearinghouse, a focal point for physicians who want and need assistance. We already have some excellent, diverse resources, but I see us expanding.

We need our Physicians in Transition Committee to show us how to make a positive move into another area of medicine, or maybe even another field. And what about the fact that half of our medical school students are now women? What are their needs and concerns and how do we help them deal with them?

I believe the role of MSMS in the next several years will be to help its individual members maintain homeostasis so they can be the best physicians, the best people, they can possibly be.

Physician well-being has threads weaving throughout the entire fabric of our medical society. As the incoming president, I am committed to keeping our fabric strong. ■

Doctor Wilson is MSMS president-elect.

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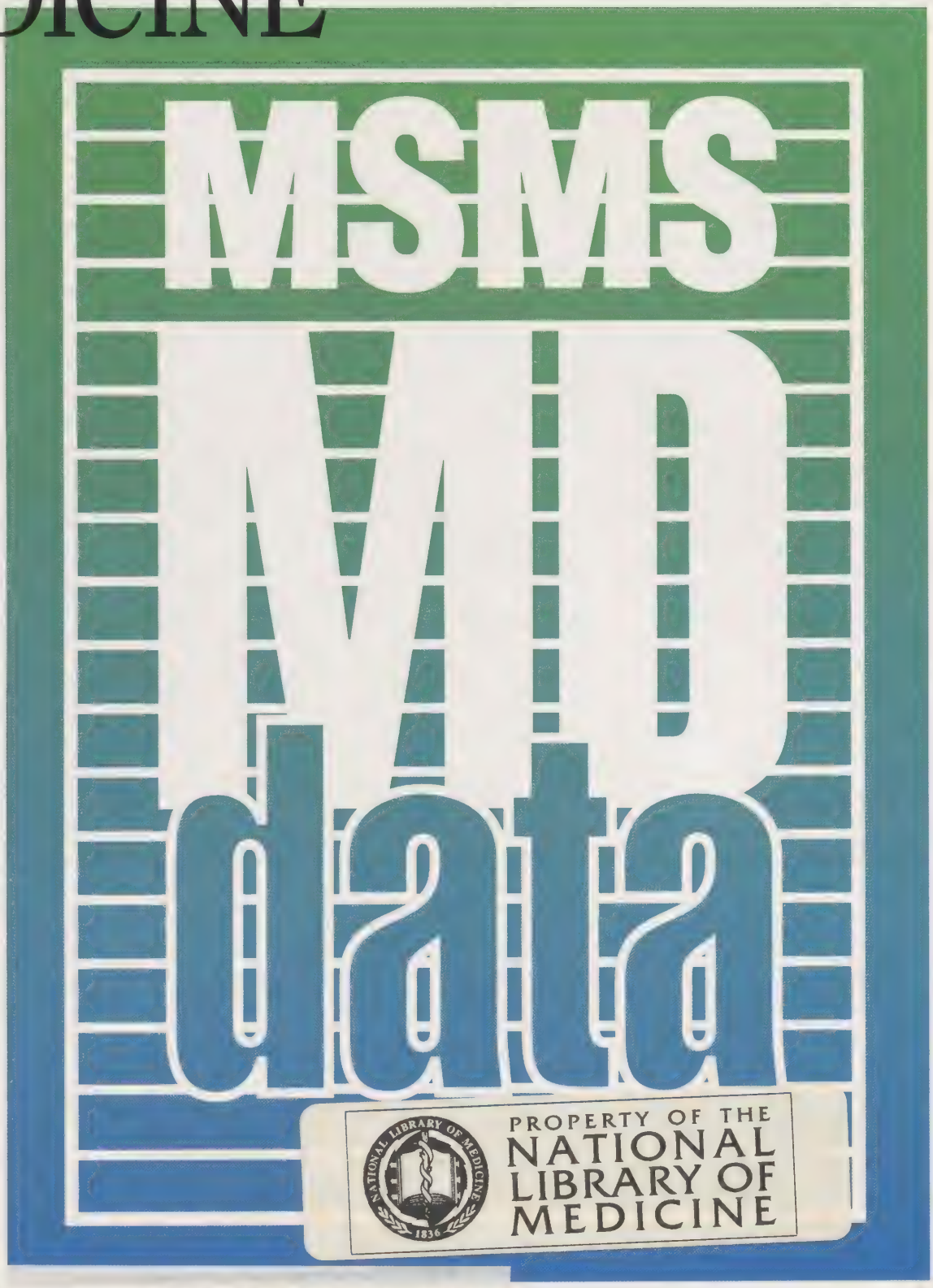
MICHIGAN MEDICINE

MAY 1995
VOL. 94, NO. 5

Award-Winning Journal of the Michigan State Medical Society

Results of the Second MSMS Survey on Practice Characteristics

- Demographics
- Practice Arrangement
- Practice Management/ Technology
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The Michigan State Medical Society Committee on Publications is the editorial board of **Michigan Medicine** and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

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Michigan Medicine (ISSN 0026-2293) is the official journal of the Michigan State Medical Society, published under the direction of the Publications Committee. It is published 12 times per year on a monthly basis. Second class postage paid at East Lansing, Mich. and at additional mailing offices. Yearly subscription rate, $100.00 (includes weekly *Medigram* newsletter); single copies, $5.00. Printed in USA. All communications relative to articles, news and exchanges should be addressed to Betty McNerney, advertising to Pat Horan, and address changes to Kathy Hagen, Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950. Phone 517-337-1351. POSTMASTER: Send address changes to Michigan Medicine, P.O. Box 950, East Lansing, MI 48826-0950

MICHIGAN MEDICINE
Michigan State Medical Society
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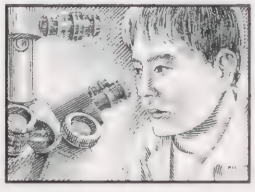
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Results of the

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Surveys were mailed to all active members late last year and a statistically valid response rate of 22 percent was achieved. With the responses now tabulated, MSMS is pleased to present the complete results in this special issue of Michigan Medicine.

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In next month's issue:
Managed Care: What are the risks and advantages? Conversations with physicians involved in managed care systems as well as a look at some related legal issues.

AMA, State Medical Societies Launch "Litigation Center"

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CHICAGO - In an effort to prepare physicians for a health care environment that will be increasingly shaped by court decisions, the American Medical Association and state medical societies are launching a "litigation center" designed to give organized medicine a voice in key legal issues by tackling cases of broad impact and setting strategy for the coming years, officials said in interviews with BNA.

"I believe medicine will be in litigation a lot more in coming years than ever before," William Madigan, executive director of the Michigan State Medical Society, said. "There will be lots of turf battles and interpretations of government regulations that people will be challenging....I believe that the AMA should be looking at strategies that may open certain gates that ensure physicians have protections."

Precedent-Setting Cases Sought

According to AMA health law division counsel Michael Ile, the AMA/State Medical Society Litigation Center will be seeking cases that could set precedent or have far-reaching implications for the medical profession. Cases involving inappropriate government regulation, tort reform, Medicaid reform, provider taxes, peer review, accreditation issues, ERISA preemption, public health issues, and ethics are just a few of the issues the center will be handling.

In essence, the AMA will be broadening its ongoing involvement in key legal cases where at times it has served as co-plaintiff or filed an amicus brief in support of the litigant, Ile said.

"Part of what will be done is what we've done in the past and there is litigation the AMA will do on its own," Ile said. The center "reflects a new way of doing things, but also a way of doing more and getting much more involved in things than a state medical society may have done on its own." For example, the AMA assisted a physician coalition in Minnesota in successfully challenging the constitutionality of a provider tax targeted at doctors in surrounding states, he said (3 HLR 1370).

Support From All Medical Societies

All 51 state medical societies have expressed support for the center, said Ile, who sent proposals to the groups at the end of November. The AMA met with medical society officials from around the country during its interim meeting in December to discuss the plan. But according to Ile and Madigan, the idea had been discussed for months before that and was sparked in part by the Minnesota case and another case involving a number of state medical societies that joined forces with the AMA to prevent a Medicare carrier in Pennsylvania from seeking to recover overpayments made to physicians (3 HLR 1509).

"That was a very nice example of cooperation with other states and the AMA," Ken Jones, general counsel for the Pennsylvania Medical Society, said. Jones said he hopes the center will facilitate similar efforts because he foresees more legal challenges ahead.

"If you go back to late 1970s the medical society in Pennsylvania was involved in litigation once, maybe, but in the last five to six years we have been involved in a case a year," he said. "Medical care is being increasingly regulated. You also have workers' compensation issues to deal with, peer review litigations that didn't exist before....Medicine has gone from being unregulated to increasingly regulated. So once in a while you will need to challenge these changes in court."

Focus Shifted to Managed Care

According to John Blum, director of and professor at the Institute for Health Law at Loyola University, Chicago, litigation has "always had an influence on medical practice," and the AMA has long been concerned about liability reform and other issues. However, the focus of physician concern has

shifted to managed care, he explained.

"The AMA is concerned that as medical practice changes and moves into managed care, physicians won't have the same kinds of protections they've had traditionally," he said, speculating that the center was created largely to protect physician interests in the new managed care environment.

"For example," he said, "credentialing is a hospital-based issue, but when you move into a managed care arena those kinds of protections for doctors don't transfer over. A physician doesn't have much to stand on....The power has shifted to managed care entities and the AMA will be aggressive in how they police these plans."

"I believe medicine will be in litigation a lot more in coming years than ever before."



William Madigan
Executive Director
Michigan State
Medical Society

While the protection of physician rights in managed care settings is of concern to the AMA, Madigan stressed that it was not the catalyst for the creation of the center. "Did managed care cause this? I don't think so," he said. "The review of the health care system caused the rules to change and we have to be on top of those changes. We've got to take in a higher view."

Madigan said he sees the center as being more of a think tank taking a scholarly approach in finding new ways to strategize litigation, "rather than a funding source for someone wanting an amicus brief."

The AMA is kicking in $250,000 a year to the center and is asking state medical groups to collectively match that amount. Ile said he expects "a flood of requests for help" and stressed that the center will only get involved in cases that are of the broadest importance to physicians. ■

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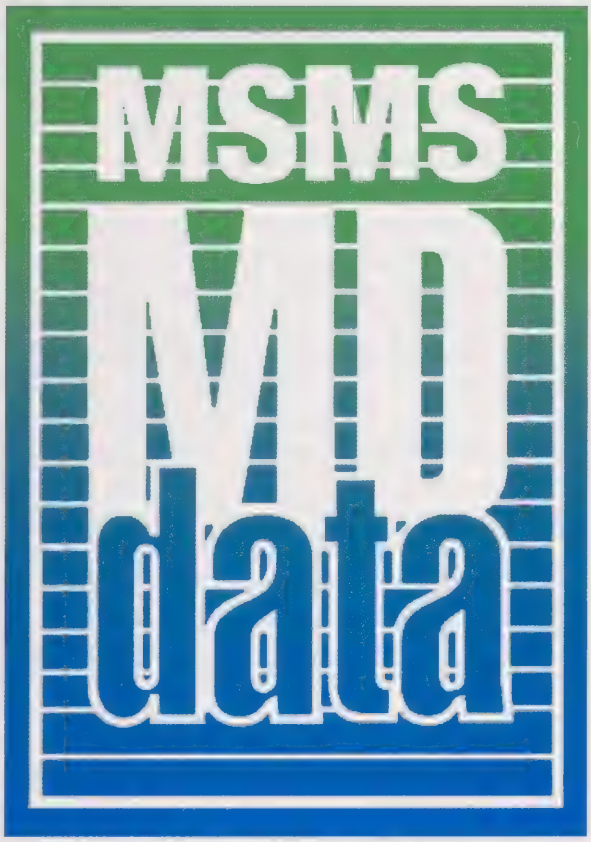
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THE MICHIGAN PHYSICIAN TODAY

Results of the MSMS Survey on Practice Characteristics

EXECUTIVE SUMMARY

By Julie L. Lester, MHSA
MSMS Chief of Health Care Research



Who are Michigan physicians today? How have they changed in the past two years? Where are they headed? While there is no one "typical" physician, a statistically valid sample can offer insights and answers as to what is occurring in the medical field. Survey results can provide a snapshot of today as well as a glimpse into the future.

It was with this in mind that MSMS conducted its second Survey on Practice Characteristics. The information gathered from the 1994 study updates the issues covered in the 1992 survey and shows what has changed since then.

Surveys were mailed to all active members in November 1994, and a statistically valid response rate of 22 percent was again achieved.

With the responses now tabulated, MSMS is pleased to present the complete results of the MSMS Survey on Practice Characteristics in this special issue of *Michigan Medicine*. Information gathered from this comprehensive survey will be used in various ways to promote the interests of all physicians and patients. MSMS will use the data in legislative testimony, press releases and public information campaigns. A slide presentation highlighting the findings of the survey is available to interested groups. Individual physicians are encouraged to use the information locally.

Following are some of the key findings of the MSMS Survey on Practice Characteristics:

DEMOGRAPHICS

- The survey sample was approximately 86 percent male and 14 percent female.
- Nearly half were from the Detroit/Ann Arbor metropolitan area.
- The average respondent was 49 years old and had been in practice 17.6 years.
- As in the 1992 survey, 35 percent were in primary care and 65 percent were specialists. A larger proportion of urban physicians were specialists, whereas the rural physicians were more evenly balanced.
- Half of all respondents went to Michigan medical schools, as was the case in the 1992 survey.

PRACTICE ARRANGEMENT

- One-third of physicians were still in independent solo practices. Slightly less than one-third were in group practice, and a similar number were in an employed situation.
- Among physicians in group practice, eight out of 10 were in a single specialty group.
- Multiple specialty groups were slightly more common in rural than in urban areas.
- When asked whether they had changed their organizational arrangement since entering medical practice, 58 percent said they had not. This was down slightly from the 1992 figure of 62 percent.

PRACTICE MANAGEMENT/TECHNOLOGY

- Seven out of 10 physician offices processed electronic claims as the primary method. Of the offices that processed paper, 10 percent used a billing intermediary that converted the paper claims to electronics before sending them to the carrier.
- Ninety percent of physicians used a computer in their practice. Billing, word processing, and accounting constituted the most frequent uses of computers in physician offices.
- For those who did not have a computer, expense still was cited the greatest barrier.
- Ninety-two percent of physicians had a fax machine, a significant increase from 1992.

INSURANCE SERVICES

- Nine out of 10 physicians had health insurance for themselves and their families. Half also provided it for their employees; slightly less than a third provided it for their employees' families.
- Forty-two percent of physicians had dental insurance, and dental coverage for employees was fairly uncommon.

PRACTICE ENVIRONMENT

- Half said the supply of physicians in their area and specialty was about the right number. Almost 18 percent said there were too few, and nearly 27 percent said there were too many, almost an exact reversal of the 1992 survey response.
- Rural and primary care physicians were more likely to report shortages, whereas urban physicians and specialists were more likely to say there was an oversupply.
- More than half of the physicians responding said that competition had not had any impact on their income. Twenty percent said that it had resulted in a decrease in income, an increase of more than 4 percent from 1992.
- The majority of physicians reported that their professional and personal satisfaction had decreased, although in both cases the number had decreased by 10 percent from the 1992 figures. The number reporting a decrease in emotional and physical health and relationships was also lower than in 1992.
- Fewer physicians reported that they considered retiring before age 65. Of those who were considering retirement, litigation and regulation were still the primary reasons, although they were cited by fewer physicians than in 1992.

HOURS AND SERVICES

- The average respondent spent 47 weeks in practice in 1993 and worked 58 hours per week.
- Eighty-one percent were on call in the previous month for an average of 232 hours per month.
- Nearly six out of 10 physicians said they had limited the number or types of services they provided in the last five years, as opposed to five out of 10 that said so in the 1992 survey. Fear of litigation, government regulation, and malpractice premiums were again the primary reasons for limiting services.
- Sixty-one percent of physicians provided charity care, averaging 3.4 hours per week in free care and 4 hours per week in reduced fee care.
- Twenty-seven percent of physicians donated time, using their medical skills outside of regular practice for an average of 7.6 hours per month. Another 38.5 percent donated their time in some other type of community service, averaging 6.4 hours per month.

FINANCIAL

- The average gross revenue per physician was $410,000 in 1993.
- The average for total professional expenses was $218,000.
- The average net income was $174,000, with a median of $150,000.

LIABILITY

- One half of physicians responding purchased professional liability coverage individually, 22 percent had it provided by the group practice, and 15 percent had it provided by the hospital.
- The most common coverage was still $200,000/$600,000.
- Six out of 10 respondents have had a liability suit brought against them in their career. Only 21.5 percent had an opportunity to network with other physicians for support and guidance.

THIRD PARTY PAYERS

- Eight out of 10 physicians signed the 1994 Medicare participation agreement.
- As RBRVS implementation continues on, a larger proportion (40.7%) were unsure about how their reimbursement had changed than in the 1992 survey (23.6%). More respondents said that their reimbursement had increased than in 1992 (19.9% versus 12.5%), and fewer said that it had decreased than in 1992 (26.4% versus 44.3%).
- Slightly over two-thirds of respondents signed the 1994 Blue Cross Blue Shield of Michigan participation agreement, roughly the same proportion as in 1992.
- Forty-six percent accepted Medicaid patients on an unlimited basis, and another 30 percent accepted a limited number.
- The proportion of physicians who did not accept Medicaid patients grew 5 percent since 1992. Reimbursement and other payment issues were still the main reasons for limiting or not accepting Medicaid patients.
- Seventy-four percent of physicians accepted Workers Compensation patients.
- A larger percentage of physicians had managed care contracts than in 1992, a reflection of the continued penetration of managed care plans in the Michigan market. Sixty-nine percent of physicians had a contract with an HMO, as opposed to 64 percent in 1992. Seventy-four percent had a contract with a PPO, up from 65 percent in 1992.
- Nearly half of all physicians in managed care arrangements contracted with plans as an individual physician, and another 35 percent contracted as part of a group practice.
- The majority did not plan to change their managed care affiliations in the coming year, but of those who did plan changes, adding new plans was the most common response.
- Fifteen percent of respondents said that they have been excluded from a managed care plan that they wished to join.
- Among those who do not yet have any managed care contracts, nearly half said they plan on signing with a plan in the next year.
- Pre-authorization, concurrent review, and medical necessity review were the most common utilization review programs with which physicians must comply. ■

Have questions about the survey? Call Julie Lester at MSMS (517) 336-5768.

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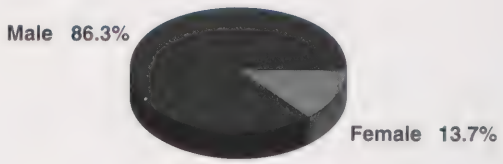
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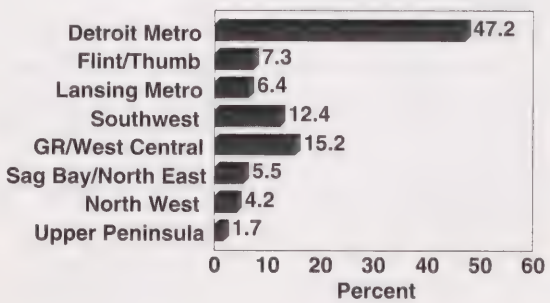
DEMOGRAPHICS

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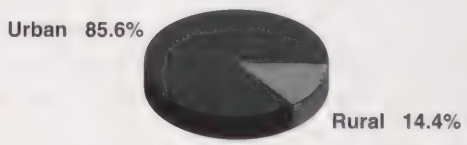
Gender



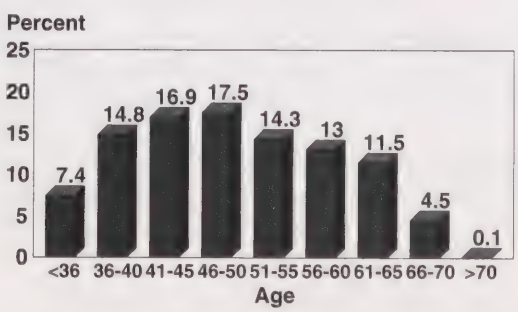
Respondents by Region



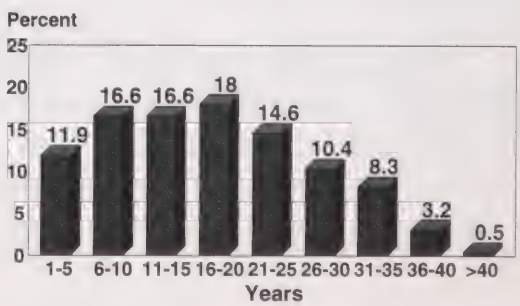
Urban vs. Rural Respondents



Distribution by Age

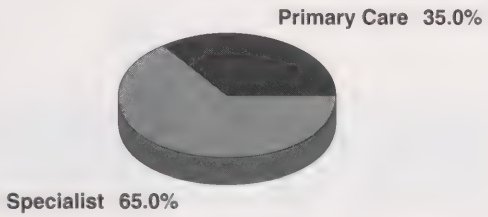


Years in Practice

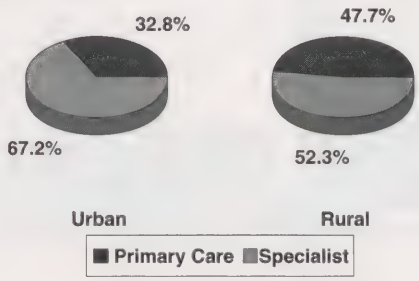


DEMOGRAPHICS continued

Focus of Practice



Focus of Practice by Location



Location of Medical School





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MSMS MD data

PRACTICE ARRANGEMENT

One-third of physicians are still in independent solo practices. Slightly less than one-third are in group practice, and a similar number are in an employed situation. Among physicians in group practice, eight out of 10 are in a single specialty group. Multiple specialty groups are slightly more common in rural areas than in urban areas. When asked whether they had changed the organizational arrangement since entering medical practice, 58% said they had not. This is down slightly from the 1992 figure of 62%.

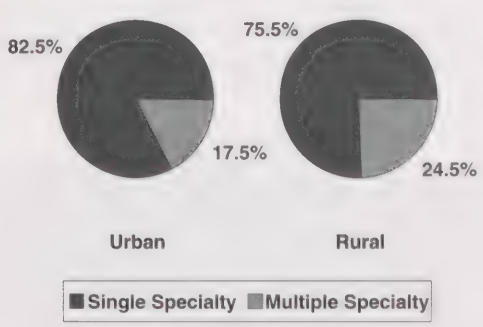
Type of Practice

Single physician practice	33.2%
Single physician/shares expenses	6.5%
Multiple physician practice	30.8%
Employed by:	
Managed care organization	1.1%
Hospital	8.6%
Professional corp/practice	12.6%
University/teaching hospital	3.8%
Other Organization	3.2%

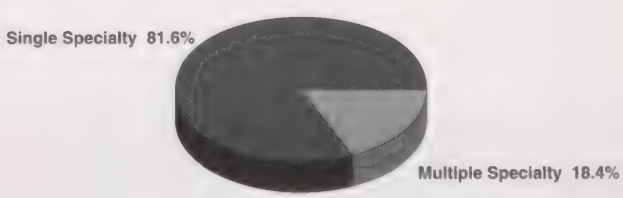
Type of Practice



Type of Group by Region

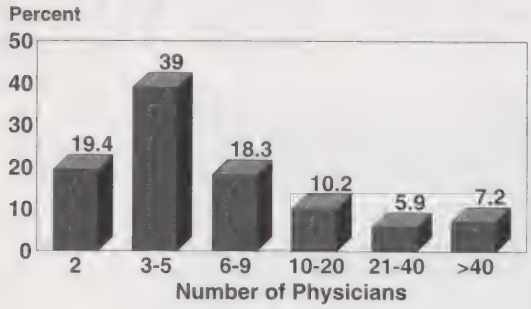


Type of Group

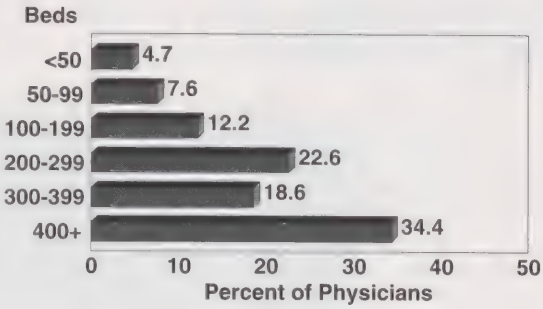


PRACTICE ARRANGEMENT continued

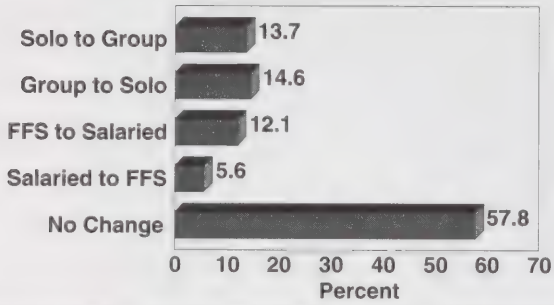
Size of Physician Groups



Hospital of Primary Affiliation



Change in Practice



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New Workers' Compensation Insurance for MSMS Members



The Michigan State Medical Society, in conjunction with Michigan Physicians Mutual Liability Company, is pleased to announce a new workers' compensation and employers' liability program for MSMS members.

This program protects you and your employees against income losses associated with work-related injuries and illnesses.

For more information, please call the program administrator, Stratton, Cheeseman & Walsh, at **(517) 351-5780** or **1-800-968-4929**.

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JOINT SECTION NEWS

A Quarterly Publication of the Michigan State Medical Society

May 1995

Welcome to the second issue of the MSMS Joint Section News, which carries details of the 1995 fourth annual MSMS Joint Section Meeting held at the Ritz Carlton March 3-4 in Dearborn. At that meeting, attended by nearly 150 persons, representatives of the MSMS sections for Young Physicians, International Medical Graduates and Hospital Medical Staffs held joint and concurrent business and policy-setting sessions.

In these pages you will find elections results, a brief report on major presentations and other news.



Nancy W. Dickey, MD, AMA Board of Trustees vice-chair, left, was keynote speaker for the fourth annual MSMS Joint Section Meeting in Dearborn. She was greeted, from left, by MSMS President-elect B. David Wilson, MD; MSMS Speaker Gary D. Maynard, MD; and MSMS Vice Speaker Dorothy M. Kahkonen, MD.

HOSPITAL MEDICAL STAFF SECTION

The HMSS Governing Council met five times this past year regarding the creation of programs and the challenges experienced by hospital medical staffs. Following is a brief update and a recap of the HMSS 11th Assembly.

MAKING THE ROUNDS

The "Making the Rounds" program has exceeded all expectations of the "MTR Team" for its interest and acceptance by Michigan physicians. The two-part MTR program brings MSMS, Michigan Physicians Mutual Liability Company and county medical society experts into hospitals for consultations and informational meetings. The MSMS, MPMLC, and county medical society team arrives at hospitals as physicians are completing their morning rounds and remains available to physicians throughout the day. Speakers are then featured in a program for a general meeting of the medical staff. Topics include "The Changing Health Care Delivery System," "Legislative Advocacy For MSMS Physicians," "The Medical Liability Environment in Michigan," "MSMS: The Importance of Membership," "Status of Blue Cross Blue Shield Premiere Plus Litigation," and "Is There a PO/PHO in Your Future?"

Twelve MTR programs have been presented; another 19 are scheduled before the end of the year.

MEDICAL STAFF COMMUNICATIONS PROGRAM

The MSMS/HMSS Governing Council has encouraged the Department of Physician Hospital Relations and Outreach to establish a communications program with medical staff officers and

medical staff coordinators. They will receive information that is succinct, timely and includes reference sources. This program will aid discussions with MSMS and county medical society representatives.

Medical Staff Bylaw Review

The Medical Staff Bylaw Review Service is a coordinated HMSS effort with MSMS legal counsel. This service provides review and counsel to Michigan medical staffs for updating bylaws that, among other things, guide administrative and clinical functions of medical staffs. Since establishment of this program, 16 Michigan hospital medical staffs have sought information or utilized this service.

Amending Medical Staff Bylaws

The HMSS Governing Council and the MSMS Board of Directors have been studying Michigan hospital governing body's issuance of revised Medical Staff Bylaws and refusal to recognize the duly elected officers of a medical staff instead of appointing other physicians as their officers. The MSMS Board has agreed, when appropriate, to provide the necessary legal support which may occur at the appellate level of the suit.

MSMS Physician Organizations

The Hospital Medical Staff Section has promoted the MSMS PO Committee by communicating information regarding the MSMS "Masters Series" programs. It has also made presentation referrals for physician groups or Michigan medical staffs on the creation of physician organizations and physician hospital organizations. It is recommended that physicians obtain this information and attend at least one of the "Masters Series" conferences.

1995 MSMS/HMSS 11th Assembly

The 11th Assembly, held at the Joint Section Meeting, adopted 19 resolutions which were sent on the MSMS House of Delegates annual meeting.

The Governing Body received a special report from Peter A. Duhamel, MD, Vice-Chair, MSMS Board of Directors, and Samir Ragheb, MD, Representative, Macomb Hospital Center, regarding the hospital's unilateral change in medical staff bylaws and its failure to seat the elected medical staff officers.

Members of the Section Governing Council include: Edward J. Rutkowski, MD; John H. McLaughlin, MD; B. L. Pederson, MD; Robert G. Borchak, MD; James E. Kackley, MD; John A. Rupke, MD; and Hassan Amirikia, MD.

For more information, contact Tom Plasman at (517) 336-5724.



Hospital Medical Staff Section Reference Committee B recommended action on 11 resolutions assigned to it. From left around the table are Henry Forsythe, MD; Clinton Wilson, MD, chair (partially obscured); Sheri W. Greenhoe, MSMS staff; Josef Kobiljak, MD; Michael Boucree, MD; Hassan Amirikia, MD; and John A. Rupke, MD.

International Medical Graduates Section

IMG Section members discussed 15 resolutions at the MSMS Joint Section Meeting, forwarding six to the May MSMS House of Delegates meeting. They included issues dealing with:

- "Visa Status Changes for IMGs"
- "Expand Promotion of the Michigan Professional Credentials Verification Services (MPCVS)"
- "Reporting of Malpractice Information in the National Practitioner Data Bank"
- "Withholding of the Title VII Funds for Discrimination Against IMGs"
- "A Nationwide IMG Newsletter Published by the AMA"
- "Safeguarding Fairness of Educational Commission for Foreign Medical Graduates (CFMG) New Test of Clinical Competence"

MSMS would like to congratulate the following members and welcome them to their new positions on the IMG Governing Council:

Chair
Kenneth A. Jordan, MD, *Flint*

Vice Chair
Amitabha L. Banerjee, MD, *Flint*

Secretary/Treasurer
Conchita D. Riparip, MD, *Saginaw*

At-Large
Timothy Aiken, MD, *Port Huron*

At-Large
B. Srinivasan, MD, *Saginaw*

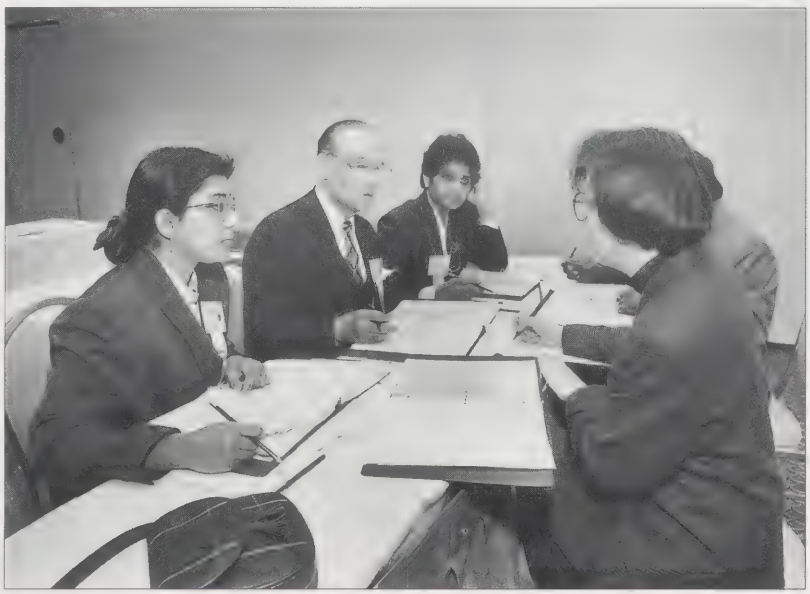
Delegate
Allan C. D. Brown, MD, *Ann Arbor*

Alternate Delegate
J. Alan Robertson, MD, *Grosse Pointe Farms*

Proctor
Suhasini Gudipati, MD, *Saginaw*

Proctor
Ali Esfahani, MD, *Flint*

Our thanks to Kamran S. Moghissi, MD, Warren, for chairing Reference Committee A.



Kamran S. Moghissi, MD, second from left, chaired the IMG reference committee executive session. He is flanked by Amita Kakarla-Maganti, MD, left, and Rajeevi Pandyan, MD. The committee was staffed by Mary Anne Ford, right.

Resident Physician Section

Michigan sent eight delegates to the American Medical Association Resident Physician Section (AMA-RPS) interim meeting. Delegation members submitted five resolutions and all were passed with minor modifications. Wendy L. Larson, MD, chaired a reference committee at the meeting.

Pino D. Colone, MD, alternate delegate to the AMA, has been asked to serve on a reference committee at this year's AMA annual meeting. Philip J. Boyer, MD, PhD, will serve as the RPS delegate to the MSMS House of Delegates. Two residents have joined MSMS committees in the last year, and the section submitted two resolutions to this year's House of Delegates.

Governing Council members include Pino D. Colone, MD, chair; Wendy L. Larson, MD, vice chair; Partha S. Nandi, MD, secretary; Julia Gardner, MD, treasurer; Philip J. Boyer, MD, PhD, delegate; Michael D. Chafty, MD, member at large; Kaya Colak, MD, member at large; and Winifred Bragg, MD, member at large.

YOUNG PHYSICIAN SECTION

Members attending the Seventh Annual YPS meeting adopted six resolutions that they forwarded to the MSMS House of Delegates for action.

The resolutions covered the issues of term limits for the Michigan Delegation to the AMA, MSMS financial reports, congressional cuts on student loans, letters to congressional leaders, Stark II information, and practice management resources.



Newly-elected MSMS Young Physician Section Chair Carol van der Harst, MD, standing right, assumed leadership at the March 3-4 meeting from outgoing Chair Karl Edelmann, MD.

At the end of the meeting, Carol van der Harst, MD, assumed the leadership position of Chair from Karl J. Edelmann, MD.

The MSMS/YPS will hold a breakfast caucus at the MSMS House of Delegates on Saturday morning to discuss the MSMS/YPS resolutions and any others of importance to young physicians. If interested in further information about the breakfast caucus please contact Deborah Zannoth, (517) 336-5763.

Delegates to the AMA/YPS Annual Meeting on June 16 & 17, 1995, in Chicago will include: Karl J. Edelmann, MD; Diane L. Morris; and MSMS/YPS Chair, Carol van der Harst, MD. The delegation will be supporting Tama D. Abel, MD, current AMA/YPS Chair and former MSMS/YPS Chair, in her candidacy for the young physician position on the AMA Board of Trustees.

MEDICAL STUDENT SECTION

MSS is preparing for the MSMS House of Delegates on May 5, 6, & 7 as well as the AMA/MSS Annual Meeting held in Chicago, June 16 and 17.

Deadline for submitting resolutions to the AMA was April 20. For credentialing forms, voting and non-voting, the deadline is May 5.

The AMA/MSS provides every medical student the opportunity to express their views and meets twice a year in conjunction with the AMA Interim and Annual House of Delegates. On Friday, June 16, the educational program is "Medicine and Minorities: Practicing in a Multicultural Environment." A dynamic panel of speakers will explore diversity issues in medical education, research and the practice environment.

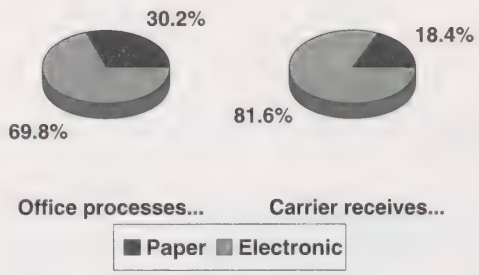
MSMS has just completed the annual description on summer externships for medical students. If interested in this document please contact Bridgett Benton at MSMS, (517) 336-5747. The AMA has also developed information about primary care summer internships and summer positions available through the AMA with JAMA, Medical Education or Science. For information about these programs contact the AMA Department of Medical Student Services at 1-800-262-3211, EXT/4746.

If you are interested in more information about the above items please contact Deborah Zannoth, (517) 336-5763.

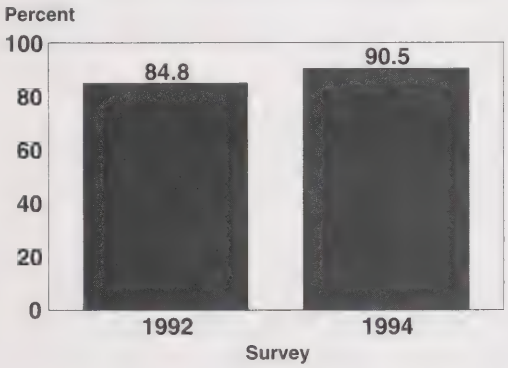
PRACTICE MANAGEMENT/ TECHNOLOGY

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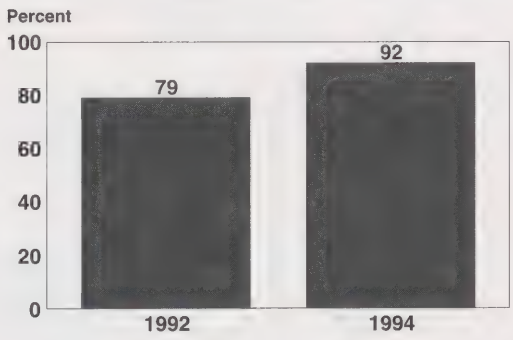
Third Party Claims Submission



Office Uses a Computer



Have a Facsimile (FAX) Machine



Continued on next page

Continued from previous page

PRACTICE MANAGEMENT/TECHNOLOGY continued

Use of Computer

Billing	87.6%
Word processing	69.9%
Accounting	61.8%
Management reports	50.7%
Scheduling/patient flow	42.0%
Modem to dial other computers	41.6%
Link to hospital computer system	31.5%
Link to a clinical lab	22.9%
Medical records	17.1%
E-mail/bulletin board	16.5%

Reason for Not Having a Computer

Expense of purchasing/maintaining	64.6%
Need more knowledge to choose one	36.0%
Planning to retire soon	34.8%
Insufficiently trained staff	25.5%
Other reasons	21.7%

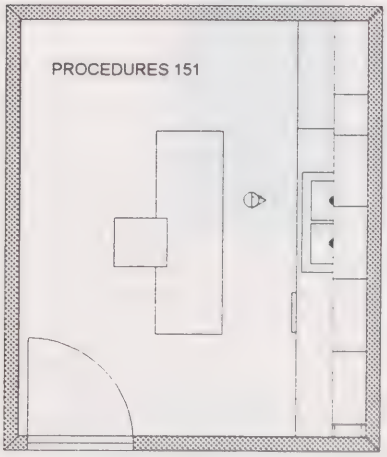
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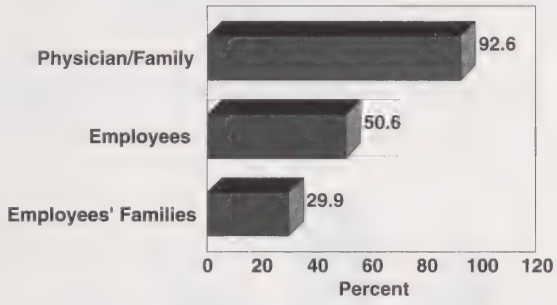
Allied Office Interiors (located in **Bay City, Lansing and Flint**) is endorsed by the Michigan State Medical Society Physicians Service Group. For more information on special discounts and services to MSMS members, contact Mary Shusta at (517) 347-7150.

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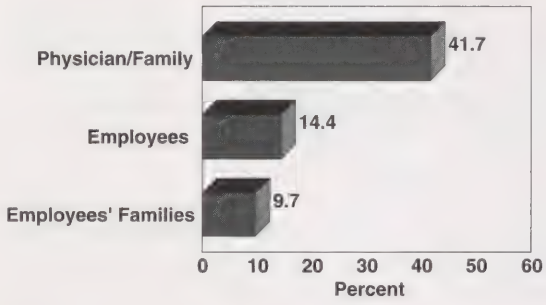
INSURANCE SERVICES

Nine out of ten physicians responding have health insurance for themselves and their families. Half also provide it for their employees, and slightly less than a third provide it for their employees' families. Forty-two % of physicians have dental insurance, and dental coverage for employees is fairly uncommon.

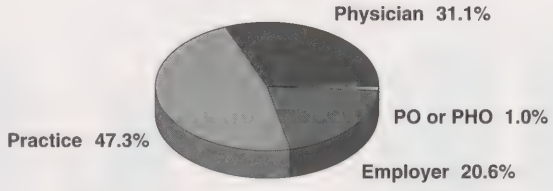
Health Insurance Coverage



Dental Insurance Coverage



Who Pays for Physician Health Insurance

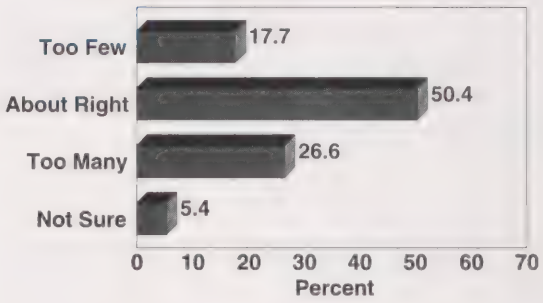


MSMS MD data

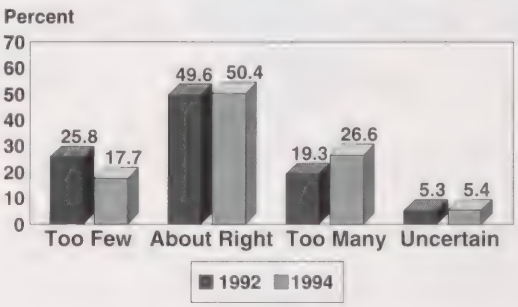
PRACTICE ENVIRONMENT

When asked about the supply of physicians in their area and specialty, half said there is about the right number. Almost 18% said there are too few, and nearly 27% said there are too many, almost an exact reversal of the 1992 survey response. Rural and primary care physicians are more likely to report shortages, whereas urban physicians and specialists are more likely to say there is an oversupply. More than half of the physicians responding said that competition had not had any impact on their income. Twenty percent said that it resulted in a decrease in income, an increase of more than 4% from 1992. The majority of physicians are reporting that their professional and personal satisfaction has decreased, although in both cases the number has decreased by 10% from the 1992 figures. The number reporting a decrease in emotional and physical health and relationships is also lower than it was in 1992. Fewer physicians report that they are considering retiring before age 65. Of those who are considering retiring before age 65, litigation and regulation are still the primary reasons, although they are cited by fewer physicians than in 1992.

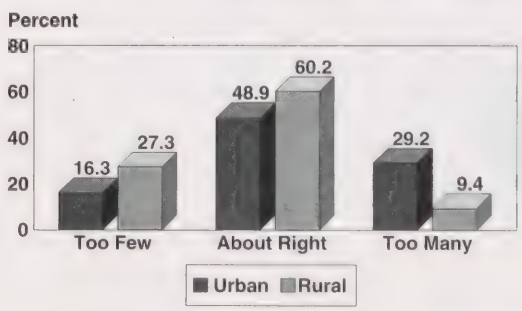
Supply of Physicians



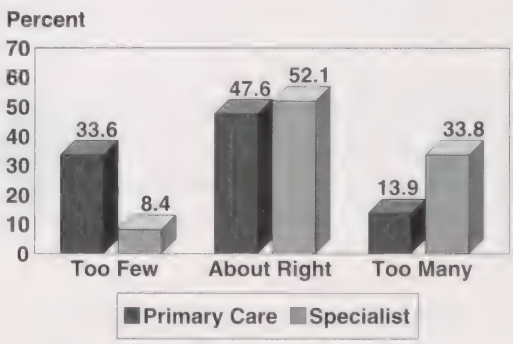
Change in Perception of Supply



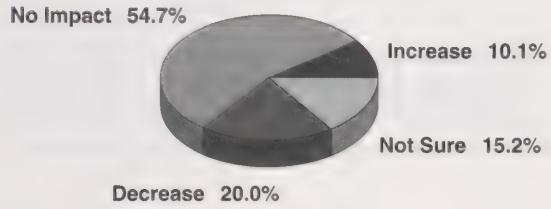
Supply of Physicians by Region



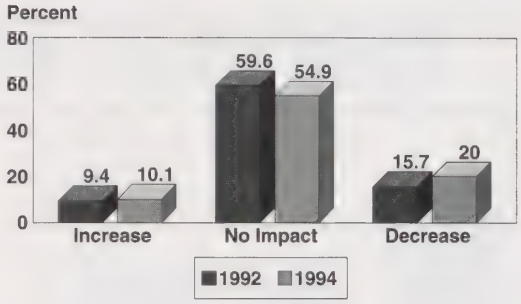
Supply of Physicians by Specialty



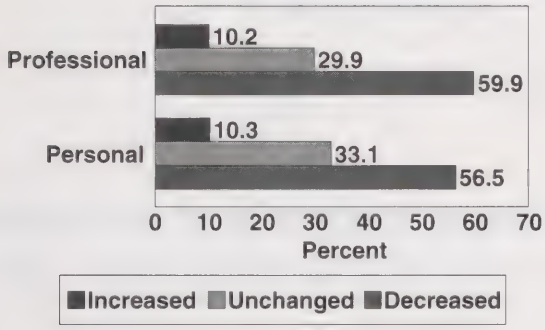
Impact of Competition on Income



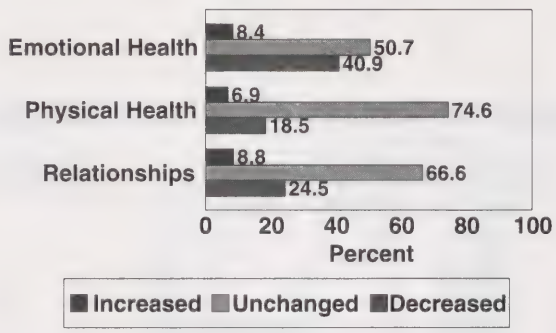
Change in Impact of Competition on Income



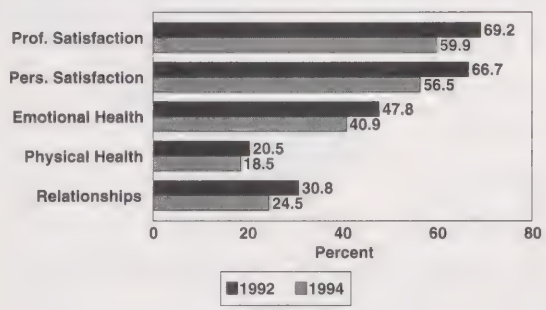
Changes in Satisfaction Due to Practice Environment



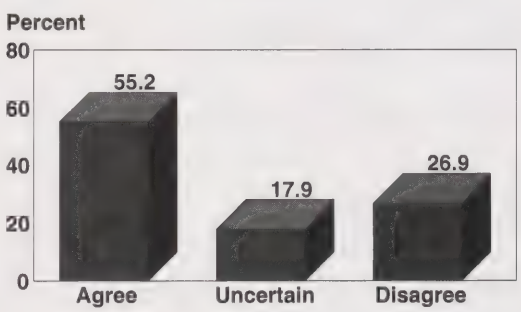
Changes Due to Practice Environment



Physician Reporting Decreased Satisfaction



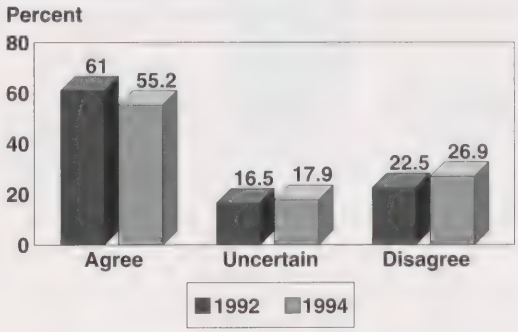
Considering Retirement Before Age 65



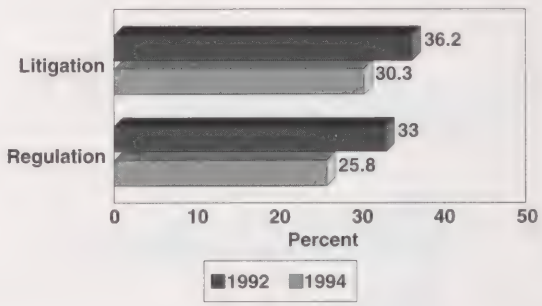
Factors in Considering Retirement

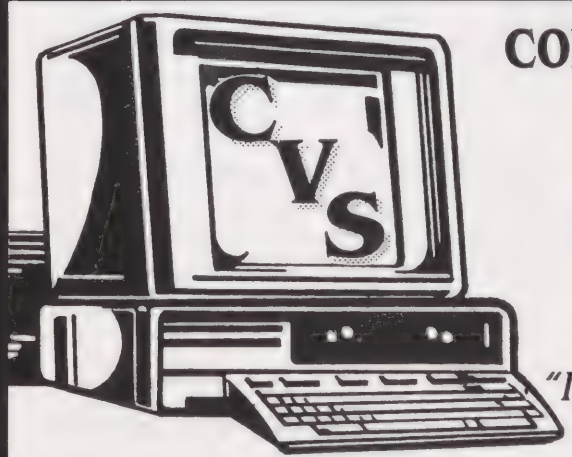
Fear of litigation	30.3%
Government regulation	25.8%
Third party payer rates	21.5%
Cost of doing business	20.5%
Third party payer oversight	18.7%
Malpractice premiums	18.3%
Health system reform	17.1%
Selective contracting	16.1%
Insufficient number of patients	9.3%

Considering Retirement Before Age 65



Factors in Considering Retirement





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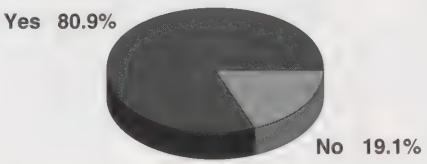
HOURS AND SERVICES

The average respondent spent 47 weeks in practice in 1993 and worked 58 hours per week. Eighty-one percent were on call in the previous month for an average of 232 hours per month.

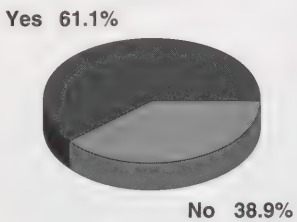
Nearly six out of 10 physicians said they had limited the number or types of services they provide in the last five years, as opposed to five out of 10 that said so in the 1992 survey. Fear of litigation, government regulation, and malpractice premiums were again the primary reasons for limiting services.

Sixty-one percent of physicians provide charity care, averaging 3.4 hours per week in free care and 4.0 hours per week in reduced fee care. Twenty-seven percent of physicians donate their time using their medical skills outside of regular practice for an average of 7.6 hours per month. Another 38.5% donate their time in some other type of community service, averaging 6.4 hours per month.

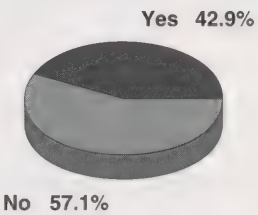
On Call in the Last Month



Physicians Providing Charity Care



Limit Number or Types of Services



In the last five years

Reason for Limiting Services

Fear of litigation	34.9%
Government regulation	24.4%
Malpractice premiums	21.9%
Third party payer rates	18.1%
Interference with office practice	15.0%
Third party payer oversight	13.0%
Insufficient patient numbers	12.2%

Do You Work With A Dinosaur?

You Can Find Out— Just Take This Quiz

1. Is your billing system slow or "down" a lot?
   Yes ☐ No ☐
2. Do you get the runaround instead of timely and concerned service?
   Yes ☐ No ☐
3. Do you have trouble making sense of reports?
   Yes ☐ No ☐
4. Is your system inconsistent, cumbersome, or hard to teach new staff?
   Yes ☐ No ☐
5. Does it lack managed care, patient care, or other features?
   Yes ☐ No ☐

Get Your DinoScore

If you answered Yes to any of these questions, you are working with a Dinosaur— it's your computer or billing service. This terrible beast tramples the efficiency and morale of office staff and management. And, it can cost your office lost revenue and unnecessary expense.

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"CIVITEC is faster and easier to use. We are especially pleased with the management reports CIVITEC automatically generates."
— Dawn Backos, Business Manager, Midwest Cardiology Associates

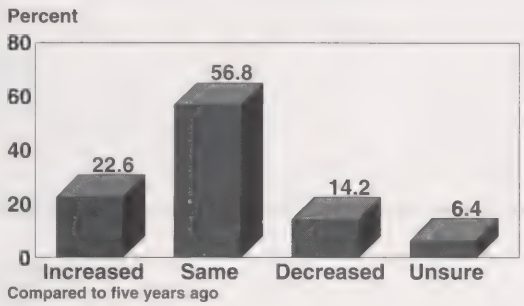
"It's hard to believe that just eight months ago our office operated under an expensive billing service. Now, I can't imagine not using CIVITEC."
— Darla Orr, Office Manager, Fenton-Hill Medical Center

"Since we replaced our previous computer system with CIVITEC, we have reduced our accounts receivable significantly while increasing billing."
— Andy Thomas, Administrator, University Orthopaedic Associates

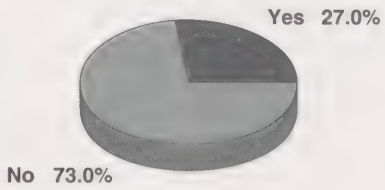
"The ability to incorporate modifications to meet our own needs has made CIVITEC a great package. We have now been able to move beyond billing to managing patient care."
— Dr. Archibald Dettman, Shiawassee Family Medicine

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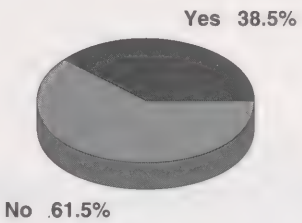
Change in Charity Care



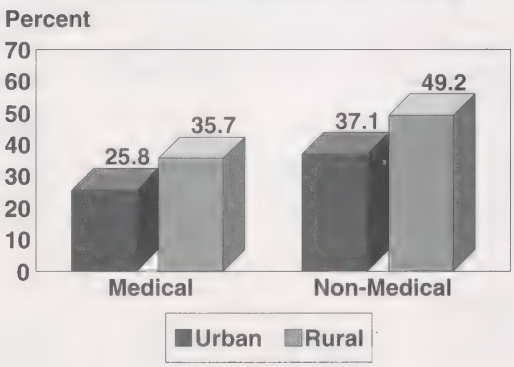
Community Services Using Medical Skills



Other Community Service Work



Volunteer Work by Region



Charity Care and Volunteer Work

Average per Physician

Free Care	3.4 hours/week
Reduced Fee Care	4.0 hours/week
Volunteer Work:	
Medical	7.6 hours/month
Non-Medical	6.4 hours/month

MSMS MD data

FINANCE

The average gross revenue per physician was $410,000 in 1993. The average for total professional expenses was $218,000. The average net income was $174,000, with a median of $150,000. Because financial figures tend to be influenced by extreme values, the median value may be a better reflection of what the "average" physician experiences.

Gross Revenues Per Physician (in Thousands of Dollars), 1993

	Number of Responses	Mean	Standard Error	25th Percentile	Median	75th Percentile
Region						
Detroit/Ann Arbor	202	390.9	16.7	200.0	350.0	500.0
Lower Peninsula-Urban*	165	449.1	48.3	221.2	320.0	500.0
Lower Peninsula-Rural	58	282.4	21.1	179.5	240.5	361.0
Upper Peninsula	N/A**					
Location						
Urban	369	417.6	23.5	220.0	340.0	500.0
Rural	67	296.1	24.6	178.1	240.0	364.0
Specialty Type						
Primary Care	164	333.9	33.6	196.3	287.5	373.8
Specialist	278	455.8	34.8	216.0	350.0	560.0
Michigan	448	410.1	25.0	200.0	320.0	500.0

*Non-Detroit/Ann Arbor
**Insufficient data to report this region

Total Professional Expenses Per Physician (in Thousands of Dollars), 1993

	Number of Responses	Mean	Standard Error	25th Percentile	Median	75th Percentile
Region						
Detroit/Ann Arbor	173	202.1	13.3	87.5	160.0	252.5
Lower Peninsula-Urban*	152	260.6	45.9	96.0	167.5	250.0
Lower Peninsula-Rural	48	161.5	21.2	66.3	127.5	187.5
Upper Peninsula	N/A**					
Location						
Urban	327	229.1	22.5	90.0	169.9	250.0
Rural	57	173.3	26.3	67.5	130.0	180.0
Specialty Type						
Primary Care	147	203.7	37.1	90.0	150.0	200.0
Specialist	242	228.3	21.4	81.5	158.0	286.5
Michigan	395	218.1	19.0	90.0	150.0	240.0

*Non-Detroit/Ann Arbor
**Insufficient data to report this region

Net Income, After Expenses Before Taxes, Per Physician (in Thousands of Dollars), 1993

	Number of Responses	Mean	Standard Error	25th Percentile	Median	75th Percentile
Region						
Detroit/Ann Arbor	274	185.2	6.1	111.5	156.5	240.0
Lower Peninsula-Urban*	233	176.6	6.7	103.5	150.0	220.0
Lower Peninsula-Rural	81	139.8	8.3	83.9	128.5	195.5
Upper Peninsula	N/A**					
Location						
Urban	510	181.6	4.5	108.8	150.0	230.6
Rural	91	137.6	8.0	80.0	120.0	195.0
Specialty Type						
Primary Care	216	136.0	4.5	93.5	120.0	160.0
Specialist	386	195.5	5.5	120.0	177.5	250.0
Michigan	612	174.1	4.0	103.0	150.0	220.0

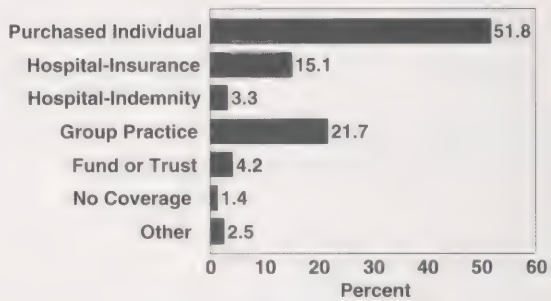
*Non-Detroit/Ann Arbor
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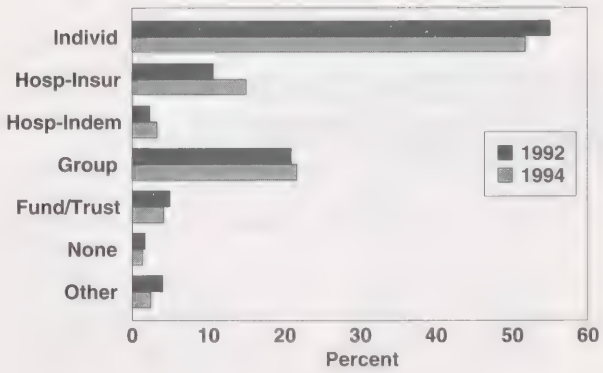
LIABILITY

One half of physicians responding purchase professional liability coverage individually, 22% have it provided by the group practice, and 15% have it provided by the hospital. The most common coverage is still $200,000/$600,000. Six out of 10 respondents have had a liability suit brought against them in their career. Only 21.5% had an opportunity to network with other physicians for support and guidance.

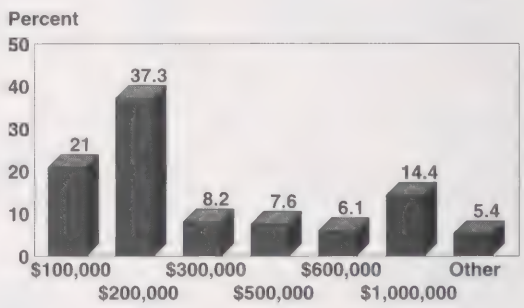
Source of Liability Coverage



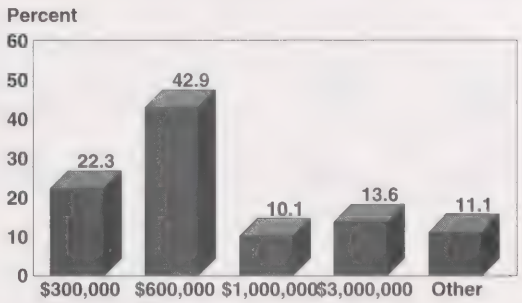
Source of Liability Coverage



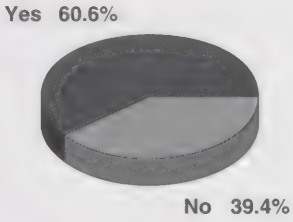
Liability Per Case Limits



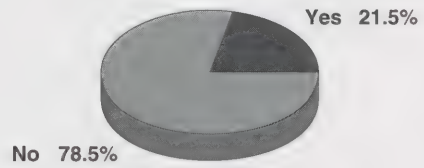
Liability Annual Limits



Ever Had a Liability Suit Brought



Opportunity to Network with Other Physicians for Support



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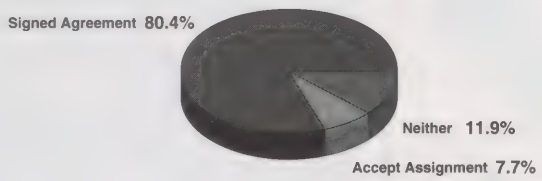
Eight out of 10 physicians signed the 1994 Medicare participation agreement. As RBRVS implementation continues on, a larger proportion (40.7%) are unsure about how their reimbursement has changed than in the 1992 survey (23.6%). More respondents say that their reimbursement has increased than in 1992 (19.9% versus 12.5%), and fewer say that it has decreased than in 1992 (26.4% versus 44.3%).

Slight over two-thirds of respondents signed the 1994 Blue Cross Blue Shield of Michigan participation agreement, roughly the same proportion as 1992. Forty-six percent accept Medicaid patients on an unlimited basis, and another 30% accept a limited number. The proportion of physicians that do not accept Medicaid patients grew 5% since 1992. Reimbursement and other payment issues are still the main reasons for limiting or not accepting Medicaid patients. Seventy-four percent of physicians accept Workers Compensation patients.

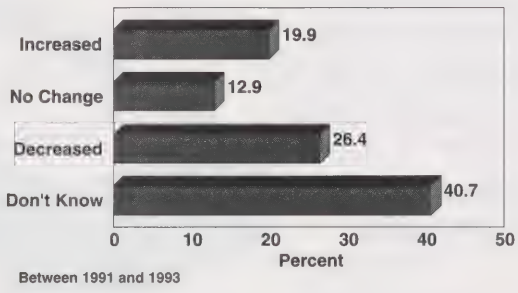
A larger percentage of physicians have managed care contracts than in 1992, a reflection of the continued penetration of managed care plans in the Michigan market. Sixty-nine percent of physicians had a contract with an HMO, as opposed to 64% in 1992. Seventy-four percent have a contract with a PPO, up from 65% in 1992. Nearly half of all physicians in managed care arrangements contract with plans as an individual physician, and another 35% contract as part of a group practice. The majority do not plan to change their managed care affiliations in the coming year, but of those who do plan changes, adding new plans is the most common response. Fifteen percent of respondents said that they have been excluded from a managed care plan that they wished to join. Among those who do not yet have any managed care contracts, nearly half say they plan on signing with a plan in the next year.

Pre-authorization, concurrent review, and medical necessity review are the most common utilization review programs with which physicians must comply.

1994 Medicare Participation



Reimbursement Under RBRVS



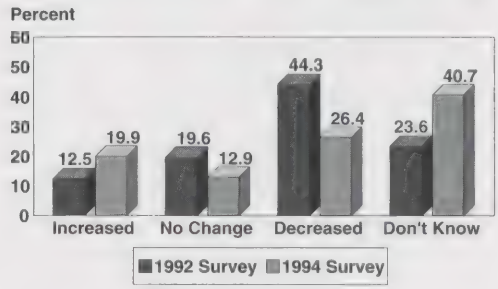
Between 1991 and 1993

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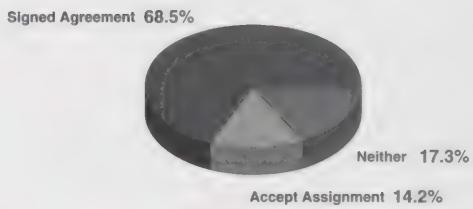
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THIRD PARTY PAYERS continued

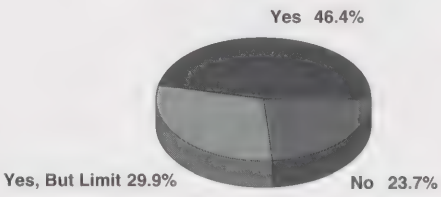
Comparison of RBRVS Reimbursement Response



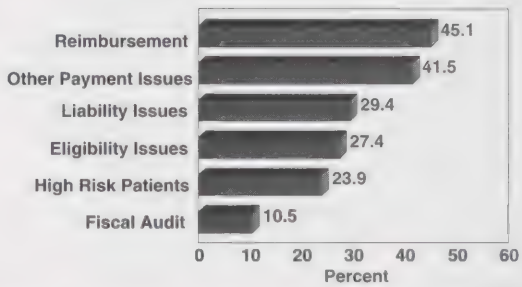
1994 BCBSM Participation



Accept Medicaid Patients



Reasons for Limiting/Not Seeing Medicaid Patients



Continued on page 34

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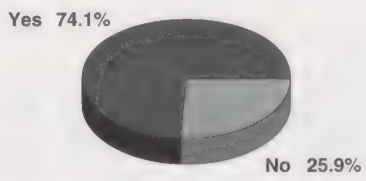
MICHIGAN STATE MEDICAL SOCIETY
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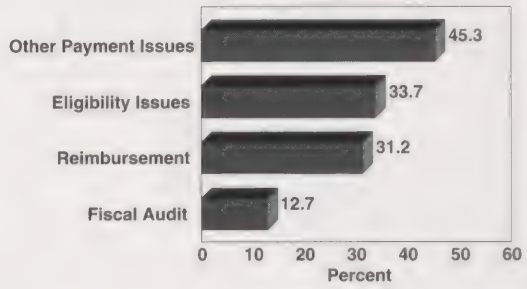
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THIRD PARTY PAYERS continued

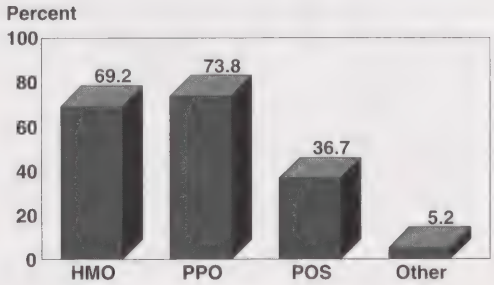
Accept Workers Compensation Patients



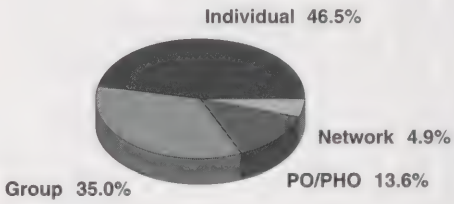
Reasons for Not Seeing Workers Compensation Patients



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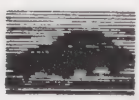
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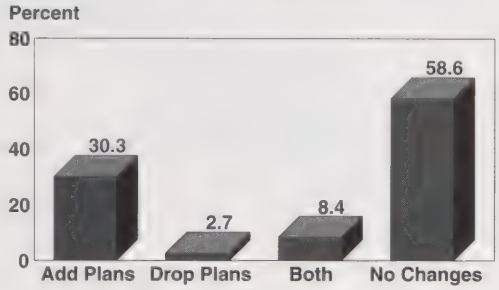


(800)759-8880

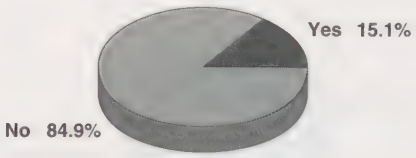
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THIRD PARTY PAYERS continued

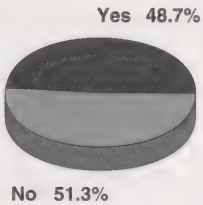
Plan to Change Managed Care Affiliations



Ever Been Excluded from a Plan



Considering Signing with First Managed Care Plan



Physicians Subject to Utilization Review

Pre-authorization	68.0%
Concurrent review	56.4%
Medical necessity review	56.2%
Second surgical opinion	39.5%
Laboratory service review	19.3%

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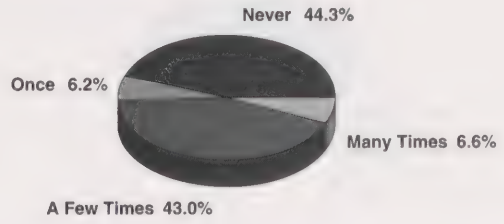
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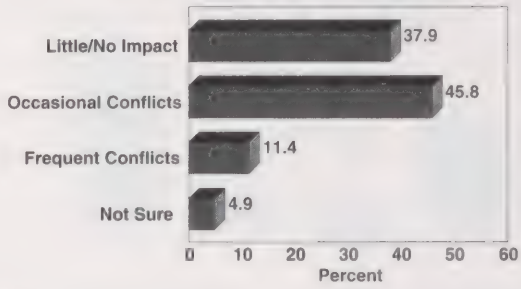
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THIRD PARTY PAYERS continued

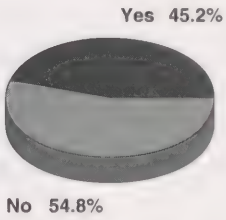
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Impact of Reimbursement Policy on Medical Judgment



Been Denied Payment Retrospectively





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Primary functions of this physician executive leader are: 1) facilitate interaction and communication related to medical affairs among the patient care staff, medical staff, executive management, Divisional Board of Trustees and Mercy's Community Health Care Services sites; 2) direct the development and implementation of clinical and organizational policies under which physicians practice.

Search deadline: June 15, 1995. Contact Kay Garcia, Mercy Hospital, 1500 E. Sherman, Muskegon, Michigan 49443; (616) 739-3960.

NEW MEMBERS

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals.

Mahfoud Beajow, MD
1276 Blue Star Hwy IM
South Haven, MI 49090

Marcia V. Brock, MD
100 Riverfront Dr # 1711 AN
Detroit, MI 48226

Don F. Brooks, MD
1447 Silverbrook Lane CD
St. Joseph, MI 49085

Stella Bulengo-Ransby, MD
1041 Clear Point Ct D
Bloomfield Hills, MI 48304

Peter S. Chang, MD
1123 Lakeside Dr FP
Battle Creek, MI 49015

Susan E. Clark-Frantz, MD
4190 Telegraph Rd #1500 OBG
Bloomfield Hills, MI 48302

Elsy Coronado, MD
P.O. Box 159 IM
Spaulding, MI 49886

Etienne V. Dehoorne, MD
775 S. Main St P
Chelsea, MI 48118

Holly S. Holm, MD
2855 Michigan St, NE OPH
Grand Rapids, MI 49506

Joseph D. Holtz, MD
17041 Jefferson Ave AN
Grosse Pointe, MI 48230

Haresh Jani, MD
823 E. Michigan Ave IM/CD
Jackson, MI 49201

Stephen J. Janquart, MD
508 Donna Dr. AN
St. Joseph, MI 49085

Jerry A. Johnson, MD
2859 W. Grand Blvd IM
Detroit, MI 48202

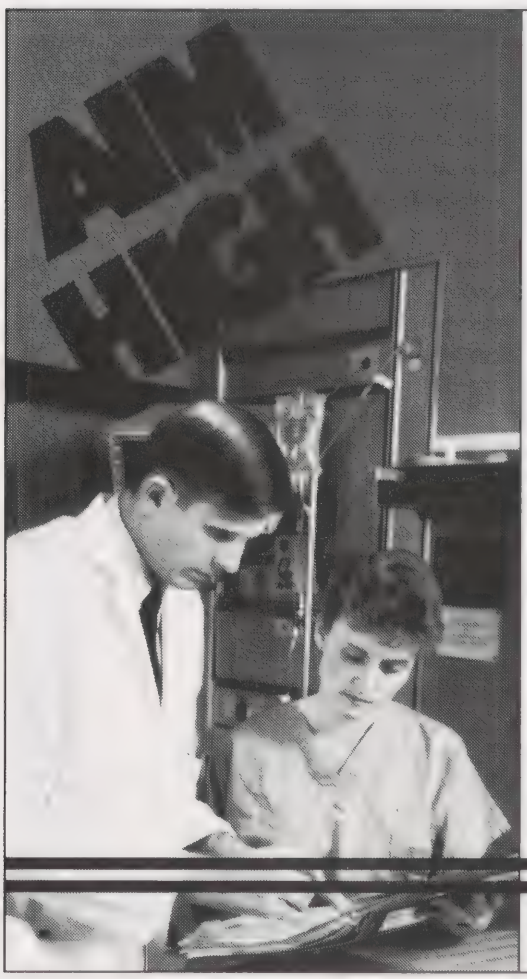
Thomas R. Kaye, MD
3535 Park St FP
Muskegon, MI 49444

George E. Kleiber, DO
405 W. Greenlawn #220 CD/IM
Lansing, MI 48910

Lester J. Kobylak, MD
2799 W. Grand Blvd IM
Detroit, MI 48202

Cynthia H. Krueger, MD
28123 Fontana Dr ATP/CLP
Southfield, MI 48076-2408

Vijay S. Kudesia, MD
27177 Lahser Rd #103 CD
Southfield, MI 48034



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Valentina Kulakivsky, MD
2143 Autumn Ridge — P
Sterling Heights, MI 48310

Asim Mahmood, MD
Neurosurgery Dept
2799 W. Grand Blvd — NS
Detroit, MI 48202

Bruce B. McIntosh, MD
44199 Dequindre #123 — GS
Troy, MI 48098

Jeffrey H. Miller, MD
5960 Whethersfield Ln #24E — R
Bloomfield Hills, MI 48301

Rizwan Mufti, MD
Grad Med Ed UHC 9-C
4201 St Antoine — P
Detroit, MI 48201

Saralyn Notaro, MD
2331 Darwin Lane — OPH
Saginaw, MI 48603

Amitabh Paharia, MD
Grad Med Ed UHC 9-C
4201 St Antoine — P
Detroit, MI 48201

Jorge O. Perez, MD
14555 Levan Rd #314 — GS
Livonia, MI 48154

Marguerite Saith, MD
1717 Shaffer Rd #124 — IM
Kalamazoo, MI 49001

Anant M. Shah, MD
Grand Med Ed UHC 9-C
4201 St Antoine — P
Detroit, MI 48201

Massoud Soleimani, MD
18361 W 13 Mile Rd #21 — IM
Southfield, MI 48075

Mark Upfal, MD
UHC 4-J
4201 St Antoine — OM
Detroit, MI 48201

Michael G. Workings, MD
One Ford Place #1063 — FP
Detroit, MI 48202

Lyn A. Yeagley, MD
9045 US 31 — FP
Berrien Springs, MI 49103

James M. Zelch, MD
29255 Northwestern Hwy #300 FP
Southfield, MI 48034 ■

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BOARD OF MEDICINE ACTIONS

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate action and are reproduced verbatim from summaries prepared by the Michigan Department of Commerce, Office of Health Services.

Name: Conrad R. Pearl, DO, 27676 Cherry Hill Road, Garden City, MI 48135
Action, Date Taken: Reinstatement of Controlled Substance License Denied, 02-27-95
Reason: None available

Name: George P. Malick, MD, 25779 Kelly Rd, Ste A, Roseville, MI 48066
Action, Date Taken: Summary Suspension Dissolved, 03-01-95
Reason: None available

Name: Thomas G. Hicks, MD, 777 Indian Hills Drive, Hastings, MI 49058
Action, Date Taken: By Order of the Barry County Circuit Court, the Order of the Board of Medicine dated 2-3-95 and effective 3-6-95 is Stayed, 03-03-95
Reason: None available

Name: Abdelkader H. Fares, MD, 9925 Dix, Dearborn, MI 48201
Action, Date Taken: License Summarily Suspended, 03-01-95
Reason: Criminal Conviction Insurance Fraud

Name: Erol Ucer, MD, 1513 S. Center Road, Burton, MI 48509
Action, Date Taken: Summary Suspension Dissolved, 02-09-95
Reason: None Available ■

PRIMARY CARE MEDICINE: COMMON PROBLEMS - NEW INSIGHTS

Wednesday, May 24, 1995
Marriott Hotel, Troy, Michigan

Registration: 12:30 p.m.
Program: 1:30 p.m. - 7:00 p.m.

For Internal Medicine and Family Practice Physicians

William Beaumont Hospital, an organization accredited by the MSMS Committee on CME Accreditation, designates this activity meets the criteria for a maximum of 4.5 credit hours in Category 1 toward the requirements for Michigan relicensure and of the Physician's Recognition Award of the AMA, provided it is completed as designed.

OBJECTIVES:
- Understand current strategies for detection and management of depression.
- Appreciate modern concepts in the approach to the patient with premenstrual syndrome.
- Gain a practical framework for precepting residents in the ambulatory setting.
- Be aware of up-to-date methods for the office management of HIV infection.
- Understand the "State-of-the-art" of forensic medical record analysis.

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MEETINGS

MSMS Meetings

May

9-12, Michigan Society for Respiratory Care: 37th Annual Scientific Symposium. Location: Holiday Inn South, Lansing, Michigan. **Sponsor:** Michigan Society for Respiratory Care. **Contact:** The Michigan Society for Respiratory Care, P.O. Box 950, East Lansing, Michigan, 48826-0950, (517) 336-7605.

11-13, Physician Executive Leadership Institute. Location: Gerald R. Ford Library, Ann Arbor, Michigan. **Sponsors:** Michigan State Medical Society, University of Michigan School of Public Health, Michigan Physicians Mutual Liability Company. **Contact:** Michigan State Medical Society, Attn: Registrar, 120 West Saginaw, P.O. Box 950, East Lansing, Michigan, 48826-0950, (517) 336-5769, fax, (517) 336-5797. **Approved for:** 6.0 hours of Category I Credit.

13, Michigan Society of Internal Medicine Spring Meeting. Location: Doubletree Guest Suites, Southfield, Michigan. **Sponsor:** Michigan Society of Internal Medicine. **Contact:** Caroline Kimmel, Michigan Society of Internal Medicine, P.O. Box 950, East Lansing, Michigan, 48826-0950, (517) 336-7587.

19, Pain Management. Location: Dearborn, Michigan. **Contact:** Office of Physician Education, (517) 336 - 5784.

24, Regional Scientific Meeting. Location: Amway Plaza, Grand Rapids, Michigan. **Contact:** Sarah Cressman, Chief, Clinical Education, (517) 336-5727.

September

6, Pain Management. Location: Grand Rapids, Michigan. **Contact:** Office of Physician Education, (517) 336-5784.

21-23, Physician Executive Leadership Institute. Location: Horace H. Rackham Auditorium, Ann Arbor, Michigan. **Sponsors:** Michigan State Medical Society, University of Michigan School of Public Health, Michigan Physicians Mutual Liability Company. **Contact:** Michigan State Medical Society, Attn: Registrar, 120 West Saginaw, P.O. Box 950, East Lansing, Michigan, 48826-0950, (517) 336-5769, fax, (517) 336-5797. **Approved for:** 6.0 hours of Category I Credit.

November

2-4, Michigan State Medical Society Annual Scientific Meeting. Location: Lansing Center, Lansing, Michigan. **Contact:** Sarah Cressman, Chief, Clinical Education, (517) 336-5727. ■

Have a reimbursement, regulation or contracting question?

Call these MSMS HelpLines:

Reimbursement Ombudsman: (517) 336-5722
(Direct assistance with billing, payment and policy issues)

Regulatory Ombudsman: (517) 336-5740
(Direct assistance regarding OSHA, CLIA)

Contracting Assistance: (517) 336-5740
(Managed care contract review and advice)

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Call Debbie Zannoth about MSMS membership benefits and services at (517) 336-5763

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Invite your non-member colleagues to enjoy the benefits and clout of membership, and win a Grand Hotel getaway!

Membership that Matters

- **Your county medical society**
- **Michigan State Medical Society**
- **American Medical Association**

MICHIGAN STATE MEDICAL SOCIETY

Education Opportunities '95

How to Negotiate Capitation Without Losing Your Head

8:30 a.m. to 12:00 Noon

and

The Nuts and Bolts of Managed Care Contracting

1:30 p.m. to 4:30 p.m.

May 17 Grand Rapids, *Amway Grand Plaza Hotel*

June 13 Flint, *Holiday Inn*

HALF DAY
$115 Members/$165 Non-members

FULL DAY
$195 Members/$295 Non-members

8:30 a.m. - 12:00 Noon

With a significant percentage of the population in Michigan under some form of managed care, many physicians will be asked to sign capitated contracts. Capitation is increasing faster than any other type of alternative payment system. Now, every specialty is "fair game" for capitation. In order to prepare you for capitation negotiations, this half-day seminar will review the data necessary for capitation calculations, analyze sample formulas, discuss risks and incentives and perform capitation exercises.

Presented by: *Philip L. Beard,* Pro STAT Resources Group

A "Masters Series" Program

1:30 p.m. - 4:30 p.m.

This half-day seminar will discuss how to prepare your practice for managed care including issues of utilization review, quality assurance, credentialing, customer service, financial considerations and risk-sharing arrangements. The seminar also will help physicians evaluate a managed care plan in terms of financial stability and strength. In addition the seminar will analyze the many legal issues to be aware of in managed care contracting and provide tips concerning how to successfully negotiate a fair managed care contract. Finally, the seminar will explore potential physician liability in the managed care setting.

Presented by: *Thomas Wolff, JD,* Chief, MSMS PO/PHO Development and Legal Affairs, and *James Aluia,* Chief, MSMS Practice Management and PO Development

---

How to Negotiate Capitation/Managed Care Contracting

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☐ June 13 Flint
Holiday Inn
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Practice/Organization Name

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CATEGORY I COURSES

Michigan Medicine carries a list each month of opportunities in Michigan for doctors to obtain Category I credit toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least three hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters at (517) 337-1351.

MAY

2, Working With Patients' Narcissism. Sponsor: Bar-Levav Educational Association. **Contact:** Joseph Gluski, MD, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI, 48075, (810) 353-5333. **Approved for:** 4 hours of Category I Credit.

6, Early Intervention: The Physicians Role. Location: Management Education Center Conference and Training Facility, Michigan State University, 811 W. Square Lake Road, Troy, Michigan. **Sponsor:** Michigan State University, College of Human Medicine. **Contact:** Karen Boyd, MSW, Michigan State University, Department of Pediatrics and Human Development, College of Human Medicine, (517) 353-5408, E-Mail: BOYDK @ PILOT.MSU.EDU. **Approved for:** 5.0 hours of Category I Credit, 5.0 hours of AOA Category II Credit.

9, Recalcitrant Obesity Revisited. Sponsor: Bar-Levav Educational Association. **Contact:** Joseph Gluski, MD, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI, 48075, (810) 353-5333. **Approved for:** 4 hours of Category I Credit.

16, Recalcitrant Obesity Revisited. Sponsor: Bar-Levav Educational Association. **Contact:** Joseph Gluski, MD, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI, 48075, (810) 353-5333. **Approved for:** 4 hours of Category I Credit.

18-19, Vestibular Rehabilitation. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Otolaryngology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

18-20, Advanced Course in Endoscopic Sinus Surgery. Location: Scott Hall, Wayne State University School of Medicine, Detroit, Michigan. **Sponsor:** Wayne State University, Division of Continuing Medical Education. **Contact:** Janice Freytag, Conference Coordinator, Office of CME, Wayne State University, 4021 St. Antoine, 4H UHC, Detroit, Michigan, 48201, (313) 577-1180, fax (313) 577-7560. **Approved for:** 19.5 hours (lab and lecture) or 10.5 hours (lecture only) Category I Credit.

19-20, Colposcopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

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CATEGORY I COURSES

22-25, Eighth Annual Continuing Education Program: Training on Issues in Aging. Location: Management Education Center, Troy Michigan. **Sponsor:** Wayne State University, Division of Continuing Medical Education. **Contact:** Janice Freytag, Conference Coordinator, Office of CME, Wayne State University, 4021 St. Antoine, 4H UHC, Detroit, Michigan, 48201, (313) 577-1180, fax (313) 577-7560. **Approved for:** 22.0 hours (all 4 days) or 5.5 hours (one day only) Category I Credit.

22-26, All Michigan OB/GYN Review. Location: The Dearborn Inn, Dearborn, Michigan. **Sponsor:** Wayne State University, Division of Continuing Medical Education. **Contact:** Janice Freytag, Conference Coordinator, Office of CME, Wayne State University, 4021 St. Antoine, 4H UHC, Detroit, Michigan, 48201, (313) 577-1180, fax (313) 577-7560. **Approved for:** 36.5 hours Category I Credit, 37 ACOG Cognates.

23, Battling Self-Indulgence and Instilling Self-Discipline: Implications for Psychotherapy. Sponsor: Bar-Levav Educational Association. **Contact:** Joseph Gluski, MD, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI, 48075, (810) 353-5333. **Approved for:** 4 hours of Category I Credit.

24-26, Selected Hot Topics in Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 22.5 hours of Category I Credit.

30, Battling Self-Indulgence and Instilling Self-Discipline: Implications for Psychotherapy. Sponsor: Bar-Levav Educational Association. **Contact:** Joseph Gluski, MD, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI, 48075, (810) 353-5333. **Approved for:** 4 hours of Category I Credit.

31-June 2, Current Topics in Blood Banking: 22nd Annual Symposium. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Pathology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

JUNE

7-9, Emergency Imaging in an Urban Medical Center. Location: The Dearborn Inn, Dearborn, Michigan. **Sponsor:** Wayne State University, Division of Continuing Medical Education. **Contact:** Janice Freytag, Confer-

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CATEGORY I COURSES

ence Coordinator, Office of CME, Wayne State University, 4021 St. Antoine, 4H UHC, Detroit, Michigan, 48201, (313) 577-1180, fax (313) 577-7560. **Approved for:** 20.0 hours Category I Credit, 19.5 ACEP Hours.

15-16, Dermatologic Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.5 hours of Category I Credit.

19-23, 31st Annual Northern Michigan Summer Conference: An Update on Common Clinical Concerns. Location: Shanty Creek Resort, Bellaire, Michigan. **Sponsor:** University of Michigan Medical School, Department of Family Practice. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

22-23, Colposcopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

24, LEEP/LETZ/LOOP. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 6.25 hours of Category I Credit.

24, Reproductive Endocrinology and Infertility in the 21st Century Honoring Dr. Kamran Moghissi. Location: The Ritz Carlton, Dearborn, Michigan. **Sponsor:** Wayne State University, Division of Continuing Medical Education. **Contact:** Janice Freytag, Conference Coordinator, Office of CME, Wayne State University, 4021 St. Antoine, 4H UHC, Detroit, Michigan, 48201, (313) 577-1180, fax (313) 577-7560. **Approved for:** 6.5 hours Category I Credit, 6.0 ACOG Cognates.

JULY

9-12, 21st Annual Mackinac Island Course: Advances in the Management of Infectious Diseases. Location: Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Michigan Medical School, Division of Infectious Diseases, Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 13.0 hours Category I Credit.

14-15, Sclerotherapy. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 11.25 hours of Category I Credit.

23-25, 9th Annual Symposium on Breast Disease: Diagnostic Imaging and Current Management With a Special Focus Session for Technologies. Location: Grand Traverse Resort Village, Grand Traverse, Michigan. **Sponsor:** University of Michigan Medical School, Department of Radiology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

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CATEGORY I COURSES

28-29, 75th Annual Coller Penberthy Thirlby Medical Conference. Location: Park Place Hotel, Traverse City, Michigan. **Sponsor:** Munson Medical Center and Medical Staff. **Contact:** Paula Parshall, Medical Education, Munson Medical Center, 1105 Sixth Street, Traverse City, Michigan, 49684-2386, phone - (616) 935-6546, fax - (616) 935-7124. **Approved for:** 9-13 hours of Category I Credit.

AUGUST

9, Flexible Sigmoidoscopy. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 5.5 hours of Category I Credit.

9-10, Colonoscopy/Common Anorectal Disorders/Hemorrhoid Treatment. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.25 hours of Category I Credit.

11-12, EGD (Gastroscopy). Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.0 hours of Category I Credit.

11-14, Advances in Office Psychiatry: Mood and Anxiety Disorders. Location: Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

13-16, Internal Medicine Update. Location: Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 12.0 hours of Category I Credit.

24-25, Colposcopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

24-27, Cardiology Update. Location: Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

26, Vasectomy (No-scalpel technique). Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 5.5 hours of Category I Credit.

SEPTEMBER

14-16, Cancer Prevention and Screening. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 22.0 hours of Category I Credit.

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CATEGORY I COURSES

14-16, Suffering and Healing: Exploring the Connections Between Physicians and Patients. Location: The Fetzer Institute, Kalamazoo, Michigan. **Sponsors:** American Academy on Physician and Patient, The Fetzer Institute, and the Michigan State University Kalamazoo Center for Medical Studies. **Contact:** Robert C. Smith, MD, Course Director, B306 Clinical Center, Michigan State University, East Lansing, Michigan, 48824, (517) 355-6516. **Approved for:** 14 hours of Category I Credit.

OCTOBER

6-7, OB Ultrasound. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.25 hours of Category I Credit.

26-28, Selected Hot Topics in Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 22.5 hours of Category I Credit.

NOVEMBER

3-4, Colposcopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

16-17, Dermatologic Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.5 hours of Category I Credit.

18, Advanced Suturing. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 4.0 hours of Category I Credit.

DECEMBER

1-2, EGD (Gastroscopy) Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.0 hours of Category I Credit.

7-8, Colposcopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

9, LEEP/LETZ/LOOP. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 6.25 hours of Category I Credit.

10, Advanced Colposcopy. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 7.5 hours of Category I Credit. ■



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JANESVILLE, WISCONSIN Dean Medical Center, a 300 physician multispecialty group, is actively recruiting additional BE/BC internal medicine physicians to practice at the Riverview Clinic locations in Janesville, Milton and Delavan, Wisconsin. Traditional internal medicine and urgent care practice opportunities are available. Janesville, population 55,000, is a beautiful, family oriented community with excellent schools and abundant recreational activities. Excellent compensation and benefits are provided with employment leading to shareholder status. Send C.V. to Stan Gruhn, M.D., Riverview Clinic, P.O. Box 551, Janesville, WI 53547 or call (608) 755-3500. An Equal Opportunity Employer.

JANESVILLE, WISCONSIN Dean Medical Center, a 300 physician multi-specialty group, is actively recruiting additional BE/BC family physicians to practice at the Riverview Clinic locations in Janesville, Milton and Delavan, Wisconsin. Traditional family practice and urgent care opportunities are available. Janesville, population 55,000, is a beautiful, family oriented community with excellent schools and abundant recreational activities. Excellent compensation and benefits are provided with employment leading to shareholder status. Send C.V. to Stan Gruhn, M.D. Riverview Clinic, P.O. Box 551, Janesville, WI 53547 or call (608) 755-3500. An Equal Opportunity Employer.

JANESVILLE, WISCONSIN - URGENT CARE Riverview Clinic, a division of Dean Medical Center, is actively recruiting an urgent care physician to join its medical staff. We recently increased our compensation package which is based on a 40 hour work week. Total compensation for Year 1 $108,000.00, Year 2 $134,642.00 and Year 3 $135,000.00. We currently have two physicians which staff the clinic from 9:00 a.m. - 9:00 p.m. Monday through Friday and 9:00 a.m. - 11:30 a.m. on Saturday and desire to expand the hours of operation until 9:00 p.m. on Saturday and

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LANCASTER, WISCONSIN Dean Medical Center, a 300+ physician private multi-specialty group, is actively recruiting for one Board Eligible/Board Certified family physician to practice at the Grant Community Clinic in Lancaster, Wisconsin (population 4,200), an affiliated clinic of Dean Medical Center. Their current staff consists of three family physicians, and one general surgeon. The group also has two physician assistants on staff. Each physician is at the clinic six hours a day, four days per week, seeing between 20-25 patients daily. A minimum of $110,000.00 guaranteed salary plus incentive is provided. For more information please contact Scott M. Lindblom, Medical Staff Recruiter, Dean Medical Center, 1808 West Beltline Highway, 1-800-279-9966, (608) 259-5151, FAX (608) 259-5294 or at home (608)833-7985.

MADISON, WISCONSIN Dean Medical Center a 300 physician multispecialty group is seeking additional family physicians to join its 30 member department. Positions are located at our Arcand Park, East Madison and Deerfield Clinic locations. All positions have an excellent call schedule and obstetrics is optional. Madison is the home of the University of Wisconsin with enrollment of over 40,000 students and the state capital. Abundant cultural and recreational opportunities, are available year round. Excellent compensation and benefits are provided with employment leading to shareholder status. For more information contact Scott M. Lindblom, Dean Business Office, 1808 West Beltline Hwy., P.O. Box 9328, Madison, Wisconsin, 53715-0328, work at 1-800-279-9966, (608) 259-5151 or at home (608) 833-7985. An Equal Opportunity Employer.

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PRESIDENT'S PAGE

Professionalism, Patient Advocacy Keep Us Strong

By Jack L. Barry, MD



Right from my inaugural address on through each of my President's Pages in *Michigan Medicine* and in all of the county medical society speeches I've made this past year as president of the Michigan State Medical Society, the message I've tried to drive home is the power of patient advocacy, professional unity and grassroots activity.

By now you're probably sick and tired of me beating the same old drum. But over the past year I have been heartened to see MSMS members pulling together to solve common problems.

I have seen leaders of MSMS and leaders of the Michigan Ophthalmological Society join together to get *all physicians* to write letters and make phone calls to legislators to oppose legislation to expand optometric scope of practice.

I have witnessed physicians from all specialties work hard to support the candidates for the Michigan Supreme Court who believe in our hard-won tort reforms.

I have talked to doctors from all over the state and in every specialty who wrote to their congressmen spelling out exactly what they liked and disliked about proposed national health system reform.

I have seen an impressive medical society exert power and influence in the state and nation for the benefit of its patients.

Certainly, I am not taking credit for awakening a sleeping giant during my term as president. But I was fortunate to be a coach for a powerful team.

Members of the Michigan State Medical Society are on the move. MSMS is one of the few state medical societies with a *growing* membership. Many others are stagnant, and a good number are declining in membership.

Why are we growing while others decline?

I believe it goes back to our commitment to our patients and our commitment to our profession, as a whole.

When we truly have the best interests of our patients at heart, we are a mighty force. Each of us sees patient advocacy in different ways, and it is this diversity that gives us strength. We all work from a different angle and, eventually, we cover all of the angles.

I've seen time and again during my term that MSMS is a member-driven organization. A physician with a concern or an idea can bring it to MSMS through the House of Delegates or the committee system and see it blossom.

We certainly have some challenges and some opportunities facing us, but as long as we remain advocates for our patients, unified in our profession and active at the grassroots level, I am confident that we will continue to thrive.

It has been a memorable year for me. I want to thank my fellow officers, the Board of Directors and our incredible staff for all of their support. And I want to thank all of my colleagues in the Michigan State Medical Society for giving me this opportunity. ■

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JUNE 1995
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COVER STORY

Understanding the Ins and Outs of Managed Care

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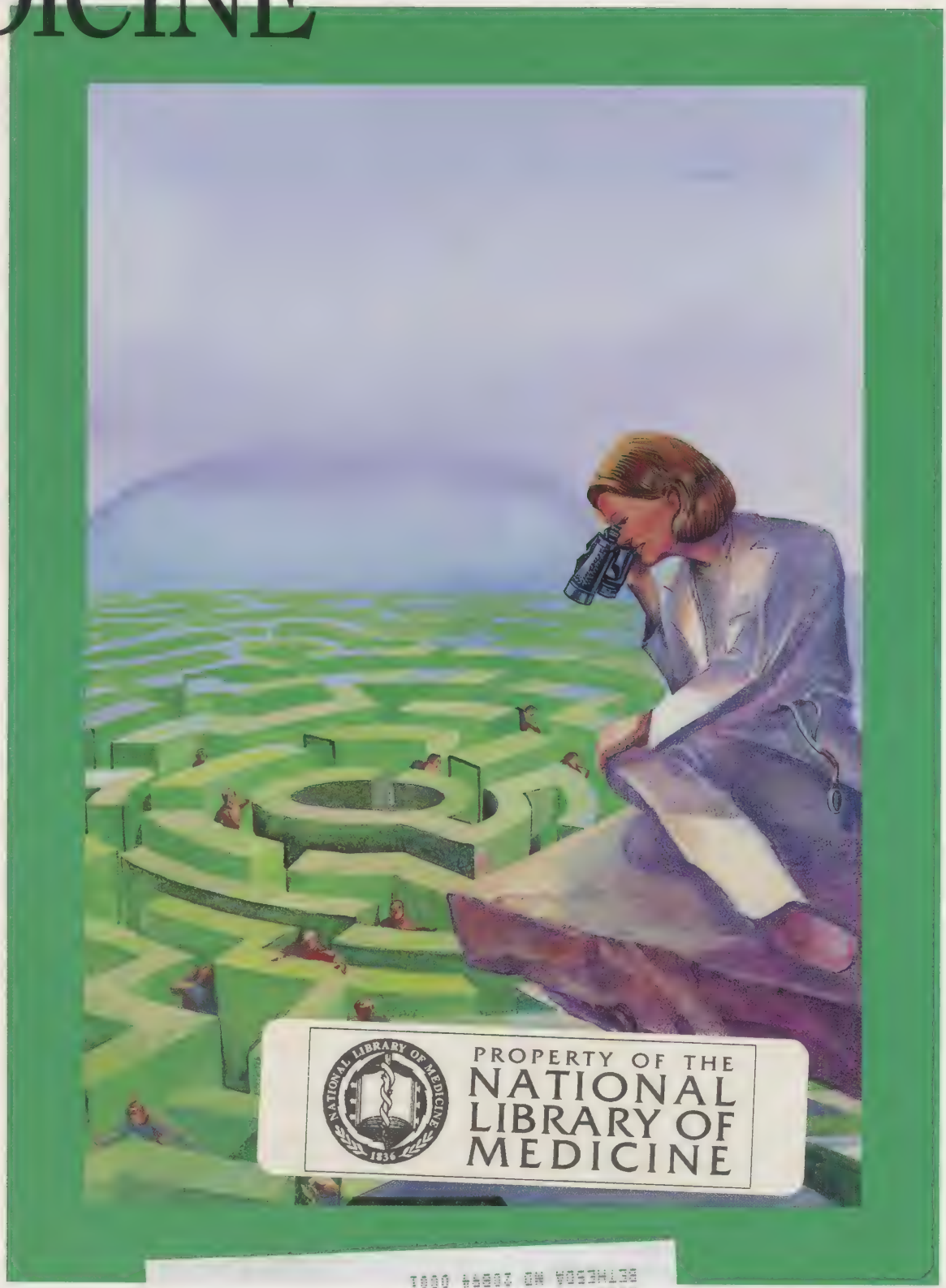
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Profile of Busharat Ahmad, MD

Salute to Eighteen Community Service Awardees

A discussion of Medical Savings Accounts - Brian R. McCardel, MD



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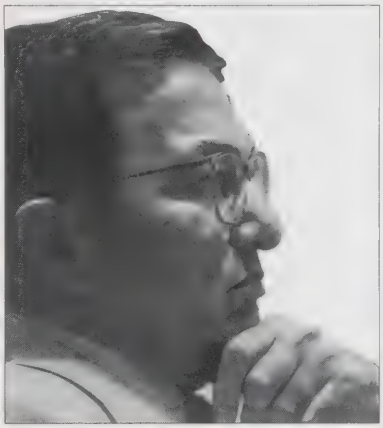
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COVER STORY

26 Managed Care. Managed care has arrived in Michigan and is evolving rapidly. This month's cover story includes a status report on managed care in Michigan, a comprehensive examination of the many risks and opportunities posed by managed care, a five-year forecast, expert legal advise on liability under managed care, and a variety of articles on utilization management and medical review. Rounding out the cover story is a list of managed care products and services available from the AMA and MSMS.

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9 Take Advantage of Delta Dental Month. This short feature outlines the many benefits of becoming a subscriber to this MSMS-sponsored dental program. *By Valerie Barker*

17 "Doctor Smith" Goes to Washington. Read this brief feature for a look at the evolution of legislation and how things really get done.

18 Leader Profile: Busharat Ahmad, MD *By M. Susan Raef*

22 Local Heroes: Eighteen Physicians Honored for Outstanding Community Service. Take a brief look at the 18 MSMS member physicians who, through their outstanding volunteer service, earned 1995 Community Service Awards.

52 Keys to a Successful PO. Highlights of a major MSMS report to be released later this year.

53 Medical Savings Accounts. An East Lansing orthopedic surgeon explains how medical savings accounts give patients control and an incentive to spend wisely. *By Brian R. McCardel, MD*

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In next month's issue: Highlights of the 1995 MSMS House of Delegates Meeting.

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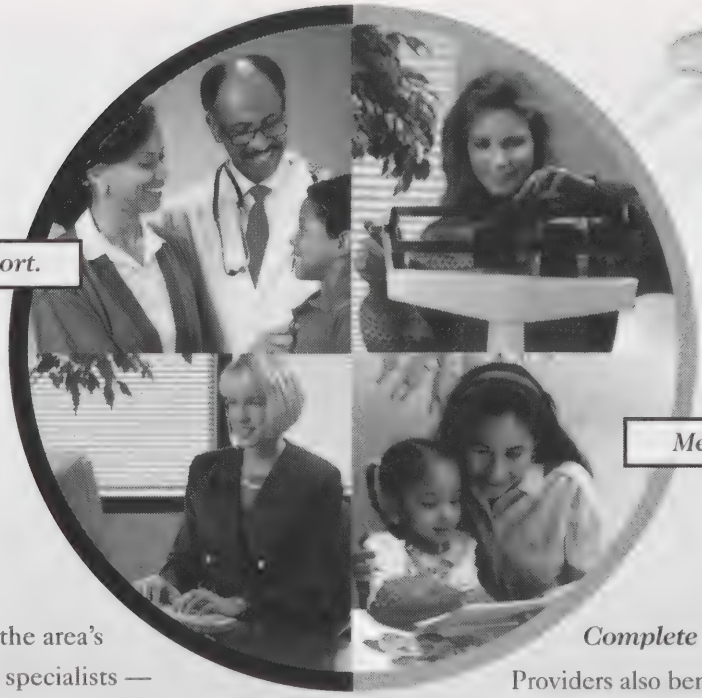
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MSMSNet went on line last month at the House of Delegates meeting to demonstrate to physicians just what this electronic service can do. Member offerings available or planned in the near future are electronic versions of *Medigram* and *Michigan Medicine*, timely regulatory and legislative updates with ability to e-mail lawmakers, and interactive sessions with MSMS Medicare and MPRO ombudsmen.

Call MSMS at 517-337-1351 to order this important new service.

Elder abuse affects your patients—learn what to do with new MSMS reference guide

A new MSMS publication provides doctors a statewide reference guide to elder abuse. Called "Reach Out: Intervening in Elder Abuse," the guide is a 72-page reference written for Michigan health care professionals. It's the second in a series on family abuse that's resulted from MSMS activities to improve the knowledge and skills of Michigan physicians and other health care professionals in assisting patients who are abuse victims.

The new book is available for $15 per copy, or for $5 per copy for orders of 50 or more. Call Judy Marr in the MSMS Department of Communications and Professional Relations at 517-336-5744 for more information, or to order copies.

Get information fast through MSMS Fax-Back

MSMS is using the ease and speed of faxes as another tool for getting doctors information they need in a hurry. That's why MSMS created its Fax-Back system. Documents are available on topics from the business side of medicine to peer review. You fax us your request, and we fax the information you want right back.

MSMS Fax-Back order forms are printed frequently in *Medigram*. You may also get one by faxing your request to MSMS at 517-336-5797. Include your fax number and we'll send you an order form. Have questions? Need more details on the service? Call Barb Zimmerman at 517-336-7575.

For details on these and other issues call William E. Madigan, Executive Director, MSMS, 517-337-1351.

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Our experiences staff specializes in being responsive to the needs of our member physicians by providing individualized customer service to each and every subscriber. Confirmation of benefits, employee meetings and regular communication through monthly newsletters and supplemental informational mailings are just a few examples of the assistance provided by the staff of the MSMS Group Insurance Trust.

Call the GIT today for a comprehensive comparison to your existing health, dental, disability, life, accident or long term care program.

Remember, physicians are our specialty!

For more information about available programs, call 1-800-748-0195 today.

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Take advantage of Delta Dental Month

Sign up now for MSMS sponsored program

By Valerie Barker

June has been declared "Delta Dental Month" by the Michigan State Medical Society Group Insurance Trust. MSMS member physicians and their employees are encouraged to join this MSMS-sponsored dental program.

The MSMS Group Insurance Trust, chaired by B. David Wilson, MD, has announced "no increase in premiums" for the coming year, the third consecutive year with no increase. Delta premiums are guaranteed to existing and new subscribers until June 30, 1994.

Introduced in 1988, the MSMS dental program was the first-of-a-kind association-sponsored program offered by Delta. Since 1988 several hundred MSMS member physicians have enrolled themselves, their families and their employees.

Affordable dental insurance is not widely available to individuals or small groups, but MSMS members have the unique advantage of choosing Delta for themselves and their employees. The Delta plan is a "free-standing" benefit. Physicians and their employees do not have to participate in any other MSMS endorsed insurance program to enroll in Delta. Access to quality benefit plans can be a real bonus, by helping physicians recruit and retain quality employees. The plan, administered through the MSMS Group Insurance Trust, is billed in quarterly installments.

Good dental care is an important factor in sound overall health. Delta's plan is designed to promote good dental care by covering 100 percent of all preventative procedures. Other procedures are covered using 50/50 cost-sharing reimbursement and include orthodontic, endodontic and peridontic services. See accompanying "Delta Benefit Features Chart" for additional covered services.

To learn more about the MSMS Delta plan, refer to the enrollment information mailed to you recently, or call the MSMS Group Insurance Trust at 1-800-748-0195 for more information. ■

Valerie Barker is chief of insurance marketing, MSMS Group Insurance Trust.

Dental Benefit Comparison

The following chart indicates the services covered by Delta Dental Plan of Michigan through the MSMS-sponsored dental benefits program. It also shows the percentage of coverage of the contracting dentist's usual/customary fee for each category and your copayment, if any:

	Delta Pays	You Pay
Diagnostic Includes oral examinations and emergency palliative treatment.	100%	0
Preventative Includes prophylaxes and topical applications of fluoride solutions.	100%	0
Radiographs As required, and in conjunction with the diagnosis of a specific condition requiring treatment.	100%	0
Oral Surgery Includes extractions and other oral surgery procedures usually employed by a dentist, including pre and post operative care.	50%	50%
Restorative Includes amalgams (silver fillings), synthetic porcelain, plastic restorations, relines and repairs to prosthetic appliances. Gold restorations, crowns, and jackets may be used, but only when the teeth can't be restored with another filling material.	50%	50%
Periodontics Procedures usually employed by a dentist for the treatment of diseases of the gums and supporting structures of the teeth.	50%	50%
Endodontics Procedures usually employed by a dentist for the treatment of non-vital teeth (i.e., root canals).	50%	50%
Prosthodontics Includes procedures required for the correction of bridges, partial and complete dentures.	50%	50%
Orthodontics Treatment and procedures required for the correction of malposed teeth. Eligible persons are covered *only* to age 19.	50%	50%

Benefit Maximums

The maximum dollar amount this plan pays during each contract year for each covered person is $1,000. For orthodontic care, the plan pays a *lifetime* maximum of $1,000 for each eligible person.

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If you're a member of the Michigan State Medical Society and you'd like to know more, just write or call:

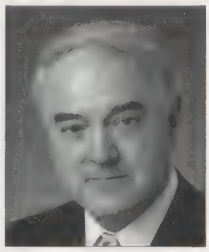
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MSMS LEGAL BRIEFS



Editor's Note: If you have a legal question you would like answered by MSMS legal counsel in this column, jot it down and send it to Betty McNerney, Editor of Publications, P.O. Box 950, East Lansing, MI 48826-0950.

Physician groups should be allowed to compete in managed care

Look to the AMA for advocacy of profession's position

By Richard D. Weber, MSMS Legal Counsel

It is generally considered illegal under the federal antitrust laws for independent physicians to form and operate managed care networks, but huge insurance companies, HMOs, PPOs, hospitals and health care corporations may organize managed care networks without the same legal problems. This is unfair to physicians and consumers and makes no economic sense. Physicians should be able to create a network and contract directly with employers or health benefit plans, cutting out the middlemen. Under current antitrust law, middlemen contract with employers or benefit plans, and then contract with physicians to perform medical services for the employees or plan participants. Obviously, middlemen must recover costs and generate profits. If physicians were allowed to contract directly with employers or benefit plans, this layer of cost could be eliminated. The result would be cost reduction and increased competition between physician groups and insurers or middlemen. Independent physicians are legally precluded from operating such networks on the assumption that the physicians are all competitors and would fix fees. There ought to be a way to provide safeguards to prevent anticompetitive behavior, and yet allow physicians to compete in the managed care arena.

In 1994, the US Department of Justice and Federal Trade Commission promulgated "Statements of Enforcement Policy and Analytical Principles Relating to Health Care and Antitrust" ("Guidelines"). These guidelines do not solve the disadvantages imposed upon physicians by the federal antitrust laws. The guidelines allow physicians to form networks in which they share "substantial financial risk." The risk is defined as capitation arrangements and fee withhold arrangements. These physician organizations are deemed to be "integrated" or "merged" into a group practice constituting one economic entity. If such a single integrated entity is formed, the physicians within the entity can agree on fees and related issues. Unfortunately, the requirement of sharing "substantial financial risk" is a substantial barrier. The traditional form of risk-sharing in a market economy of an equity investment is not included. Either capitation or fee withhold arrangements are required, and the determination as to an appropriate fee withhold arrangement is uncertain. Surprisingly, the FTC has ruled that a 15 percent fee withhold did not constitute substantial risk sharing. The restrictions on this criteria led the MSMS Physician Antitrust Reform Task Force to recommend to the MSMS Board of Directors that MSMS "urge the AMA to advocate for a clear definition of the criteria for risk sharing in integrated organizations (beyond capitation or withholds), and to include a requirement of reasonable investment." This recom-

If physicians were allowed to contract directly with employers or benefit plans, this layer of cost could be eliminated. The result would be cost reduction and increased competition between physician groups and insurers or middlemen.

Continued on next page

Continued from previous page

mendation was accepted by the MSMS Board and will be carried to the AMA.

Under the guidelines, even if the condition of "substantial financial risk" is achieved, size limits are also imposed. To be within an antitrust "safety zone," an exclusive physician network, in addition to substantial risk sharing, must have no more than 20 percent of the physicians in a market, in aggregate and by specialty, and must have no more than 30 percent if the network is nonexclusive. This does not mean that larger networks are necessarily illegal, but it does mean that the network may be subject to scrutiny under the "rule of reason" antitrust analysis to determine if the network is in compliance with the antitrust laws. The size limits place physician networks at a competitive disadvantage in relation to nonphysician networks. Nonphysician networks can offer a larger selection of physicians with an obvious wider choice, which is competitive advantage. It is for this reason that the MSMS Board accepted the Task Force recommendation "that MSMS urge the AMA to advocate for an increase in the percentage of physician membership in the relevant market for physician networks set forth in the FTC/Justice Department safe harbors."

Managed care is here to stay. It is expanding rapidly through various forms of delivery systems. Physicians groups represent only a very small percentage of networks. Insurers and entrepreneurs dominate. Physician groups should be allowed to compete in this expanding system of health care. The problem is illustrated in this brief article. The solution lies in changes to the federal antitrust laws, either in statutory amendments or enforcement policy. Stating the problem is obviously much easier than accomplishing the solution. The venue for correction is on the federal level and physicians must look primarily to the AMA for advocating the profession's position. ■

Richard Weber is an attorney with Kerr, Russell & Weber, Detroit.

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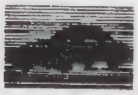
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MSMS Reimbursement Roundup

By Joyce Nurenberg
MSMS REIMBURSEMENT OMBUDSMAN

Review coding to avoid payment delays/rejections

Proper diagnosis coding determines whether you will be paid while procedure coding determines how much you will be paid. Physicians are encouraged to review the following diagnosis coding principals and reporting requirements for physician billing and other outpatient records as recommended by the Health Care Financing Administration (HCFA) to protect against payment delays and rejections due to miscoding.

Have Reimbursement Questions?
MSMS Can Help You

MSMS Reimbursement Ombudsman Joyce Nurenberg stands ready to assist you with your reimbursement questions. Just call 517-336-5722.

1. Physicians must use the appropriate code or codes from 001.0 through V82.9 to identify diagnoses, symptoms, conditions, problems, complaints, or other reason(s) for the encounter/visit.

2. List first the ICD-9-CM code for the diagnosis, condition, problem, or other reason for the encounter/visit shown in the medical record to be chiefly responsible for the services provided. List additional codes that describe any coexisting conditions. *(Note: When in a concurrent care situation, be sure to code only for the conditions for which you are seeing the patient.)*

3. Codes must be used at their highest level of specificity. For example:
- Assign three digit codes only if there are not fourth digit codes within that code category.
- Assign fourth digit codes only if there is no fifth digit subclassification for that category; and,
- Assign the fifth digit subclassification code for those categories where it exists.

4. Do not code diagnoses documented as "probable," "suspected," "questionable," or "rule out" as if they are established. Rather, code the condition(s) to the highest degree of certainty for that encounter, such as symptoms, signs, abnormal test results, or other reason for the visit.

5. Chronic diseases treated on an ongoing basis may be coded and reported as many times as the patient receives treatment and care for the condition(s).

6. For patients receiving ancillary diagnostic services only during an encounter/visit, the appropriate V code for the examination is sequenced first, and the diagnosis or problem for which the services are being performed is sequenced second.

7. For patients receiving ancillary therapeutic services only during an encounter/visit, the appropriate V code for the service is listed first, and the diagnosis or problem for which the services are being performed is listed second.

8. For surgery, code the diagnosis for which the surgery was performed. If the postoperative diagnosis is known to be different from the preoperative diagnosis at the time the claim is filed, select the postoperative diagnosis for coding.

9. Code all documented conditions that coexist at the time of the encounter/visit, and that require or affect patient care, treatment, or management. Do not code conditions previously treated which are no longer existing. ■

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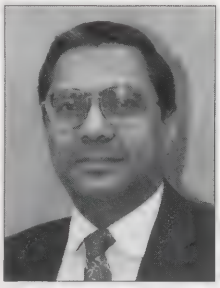
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MSMS Members On the Move

Peter A. Duhamel, MD, chair of the MSMS Board of Directors and a Rochester Hills general surgeon, is the newly-elected vice speaker of the American Society of General Surgeons. He was elected to this post during the second annual meeting of the ASGS held recently in Boston. **Susan Hershberg Adelman, MD,** a Detroit pediatric surgeon, was re-elected to the ASGS Board of Directors. **Jai K. Prasad, MD,** a Detroit general surgeon, was elected alternate delegate.

B. Babu Paidipaty, MD, internist and director of critical care at St. Mary Hospital, Livonia, is the hospital's newly-named chief-of-staff elect. A clinical assistant professor in internal medicine at Wayne State University, he is a graduate of Guntur Medical College at Andhra University in Andhra Pradesh, India. Doctor Paidipaty is also a diplomate of the American Board of Internal Medicine.



Martin Daitch, MD, a staff member of St. Mary Hospital, Livonia, for 35 years, is the hospital's newly-elected secretary-treasurer. Doctor Daitch, whose specialty is obstetrics/gynecology, is a graduate of the University of Michigan Medical School. He is past chair of the Department of Obstetrics and Gynecology at St. Mary Hospital and the United States Air Force Hospital in Fairbanks, Alaska.



Douglas A. Edema, MD, is the newly-elected president of the Kent Medical Foundation. The organization gives financial assistance to Kent county and area students who are pursing careers in medicine and related fields.

Krishna K. Sawhney, MD, chair of the Department of Surgery at Oakwood Hospital, Heritage Center - Taylor, has published an article in the *Residency Handbook.* The article, "Success as an International Medical Graduate," offers observations and suggestions to new IMGs.

Sander J. Breiner, MD, PC, Farmington Hills, has published "Multiple Personality" in *Psychological Reports,* Vol. 76, 1995, pp. 419-422.

Mahmoud Elghoroury, MD, a Troy pediatrician, is a newly-elected Fellow of the American Academy of Pediatrics.

Dawn E. Springer, MD, a Mason family practitioner, is a newly-elected member of the board of directors of Michigan Physicians Mutual Liability Company. Active in organized medicine for several years, Doctor Springer is a past president of the Ingham County Medical Society and is a 1994 recipient of the MSMS Community Service Award for her work as co-founder of the American Russian Medical Xchange.



Continued on next page

MSMS Members On the Move sponsored by: Stratton, Cheeseman and Walsh, Inc., Administrator of the Michigan State Medical Society Group Insurance Programs

David Bogorad, MD, division head of ophthalmology, Henry Ford Medical Center - West Bloomfield, is the recipient of a 1995 American Society of Cataract and Refractive Surgery Film Festival Award. Doctor Bogorad earned his award in the in-house production category for a 9 1/2 minute video on the management of complications following cataract surgery. He wrote, edited and generated the graphics for the video on his computer which show the complications of the procedure and how the eye is repaired.



William A. Lange, MD, a retired Grosse Pointe Park plastic surgeon, glances through one of two historical books before donating them to MSMS. The two books — *Transactions Michigan State Medical Society, 1892,* and the *Ledger* of the Detroit Medical Library Association 1888-1898 — will be housed in the Society's library. ■

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"Doctor Smith" Goes to Washington

Here's a look at the evolution of legislation and how things really get done

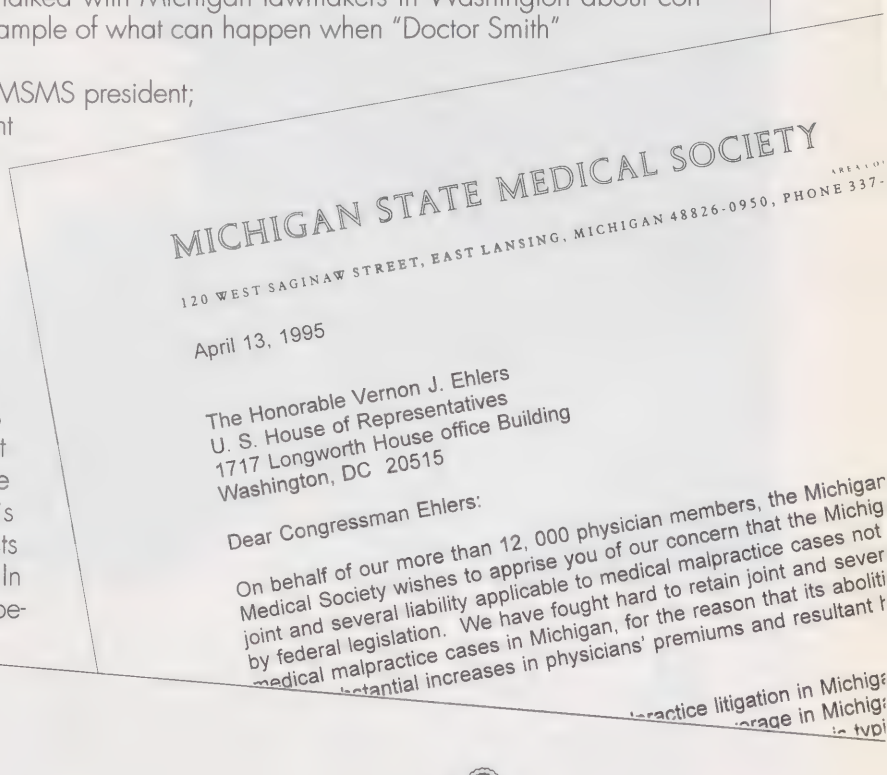
Federal regs appear, disappear, reappear. Amendments, amendments to amendments, line items, conference committee reports, federal regs that appear...only to disappear...and reappear again. The democratic process can seem like a legislative and governmental enigma — it's a wonder anything gets done. Or, it can be viewed as an on-going process — one in which you have a direct part.

Earlier this year, MSMS members and staff talked with Michigan lawmakers in Washington about concerns of Michigan physicians. Here is an example of what can happen when "Doctor Smith" goes to Washington.

March 27, 1995—Jack L. Barry, MD, MSMS president; John H. Beerninck, MD, president of the Kent County Medical Society (KCMS); John P. Papp, MD, KCMS president-elect; William G. McClimans Jr., KCMS executive director; and Kevin A. Kelly, MSMS managing director met in Washington with Congressman Vernon J. Ehlers to discuss various physician and health care issues.

April 14, 1995—Rep. Ehlers wrote to Doctor Barry and Kevin Kelly saying he was signing on as a co-sponsor to legislation that would exempt physicians' office labs from the Clinical Laboratory Improvement Act. This would allow physicians to perform simple tests in-office, saving patients' time and money. In addition, Ehlers said he was recommending specifically that strep throat tests be removed from current regulations. To support the removal, Ehlers forwarded a letter to the Health Care Financing Administration from a Michigan doctor which outlined cost savings that would result from a change in the regulations.

To come—The chief sponsor of the Clinical Laboratory Improvement Act Amendments, House Ways and Means Committee Chairman Bill Archer, will push for consideration of the changes later in the session as the House takes up health care reform. Stay tuned. ■



MICHIGAN STATE MEDICAL SOCIETY

120 WEST SAGINAW STREET, EAST LANSING, MICHIGAN 48826-0950, PHONE 337-

April 13, 1995

The Honorable Vernon J. Ehlers
U. S. House of Representatives
1717 Longworth House office Building
Washington, DC 20515

Dear Congressman Ehlers:

On behalf of our more than 12, 000 physician members, the Michigan
Medical Society wishes to apprise you of our concern that the Michig
joint and several liability applicable to medical malpractice cases not
by federal legislation. We have fought hard to retain joint and sever
medical malpractice cases in Michigan, for the reason that its aboliti
stantial increases in physicians' premiums and resultant h

practice litigation in Michiga
erage in Michiga
is typi



Congress of the United States of America
House of Representatives
April 14, 1995

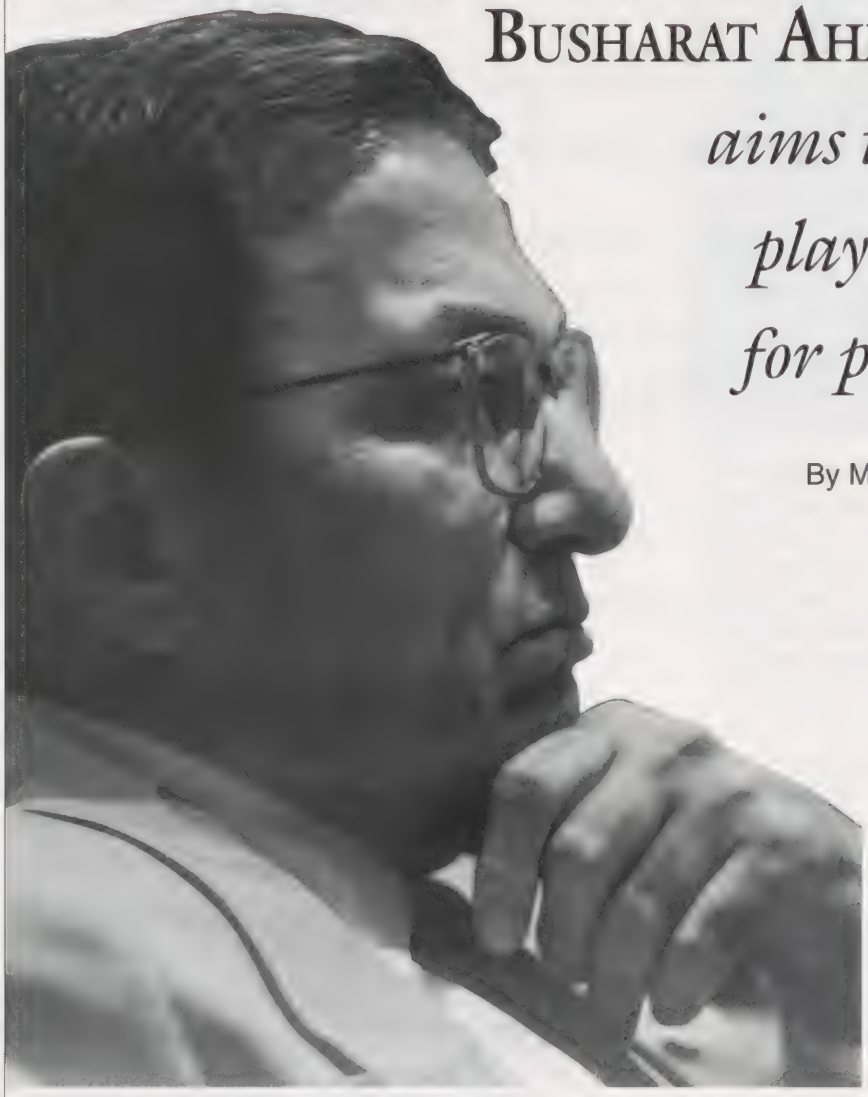
Vernon J. Ehlers

Mr. Kevin A. Kelly
Dr. Jack L. Barry
Michigan State Medical Society
120 West Saginaw Street
East Lansing, MI 48823-2605

Dear Kevin and Jack:

I wanted to follow-up on one of the subjects that we discussed only briefly in our meeting in Washington, the Clinical Laboratory Improvement Amendments (CLIA).

Since our meeting, I have heard from three physicians in my district regarding the impact of CLIA on their private practice, especially with regard to the strep throat test. These physicians quantified the amount of money that complying with the CLIA regulations involves. I have done two things in response to their letters. I have forwarded one of the letters
recommendation that HCFA remove



Busharat Ahmad, MD, FACS *aims to level the playing field for physicians*

By M. Susan Raef

Monroe ophthalmologist Busharat Ahmad, MD, FACS, has his eye on the future. As a member of the AMA's Council on Long-Range Planning and Development, Doctor Ahmad is extensively involved in the study of the Federation — a two-year project in which organized medicine seeks to reinvent itself for the 21st century.

"I'm involved in the restructuring process of the AMA House of Delegates, the Board of Trustees and their committees and councils," says Doctor Ahmad, adding the ultimate objective being that of an incentive to physicians to join. "We want to make it more attractive to physicians to become members of the AMA, by promoting cooperative planning which will benefit both the physicians and their patients."

When he looks into the future, Doctor Ahmad envisions an equal ground on which all physicians will tread, where all physicians, including international medical graduates, minorities and women, will be treated as equals. This goal stems from both Doctor Ahmad's deep-

"Our main aim is to get IMGs comfortable within the structure of the AMA, then we won't need an IMG section. The whole idea is to become a part of the group of all this country's physicians."

seeded desire for equality in medicine as well as his own experiences.

Doctor Ahmad came to the United States in 1956, leaving his native Pakistan to do residency. After 10 years of residency, a corneal fellowship at Harvard Medical School, and private practice, Doctor Ahmad returned to Pakistan. "I did go back [to Pakistan] to see if I could settle in the country," Doctor Ahmad recalls, "but I was too highly trained for Pakistan. So when you go back, you return to the same old system of treatment."

"My inspiration is my wife, Adeeba. Together, with my two daughters, Samra and Umber, they make me understand that we can achieve anything our minds and souls believe."

Road blocks a driving force

The road blocks Doctor Ahmad encountered became a driving force in his quest for equality. When Doctor Ahmad was unable to get a US residency, he went to Canada and England, where he underwent another full course of ophthalmic training. "So now I'm a fully trained ophthalmologist from England as well as Pakistan, a member of both the American College of Surgeons and British Royal College of Surgeons."

Doctor Ahmad is working through organized medicine to overcome the obstacles he, and other IMGs, have met, including more stringent residency and licensing requirements, as well as often blatant discrimination in being chosen for residency programs. As an IMG, Doctor Ahmad faced much stiffer residency requirements than US-trained physicians. In Michigan, IMGs were required to serve a three-year residency while US medical graduates needed only one year to get a license.

"That spurred me to action," recalls Doctor Ahmad. "My main interest is in finding fairness and equity for all physicians. My whole idea is to get IMGs mainstreamed into organized medicine. The only way to do that is to be able to make them feel comfortable with medicine and its political process." Doctor Ahmad has been at the vanguard of IMG's involvement in organized medicine. In 1987, when a resolution to create an AMA IMG section was defeated by the House of Delegates, Doctor Ahmad organized an MSMS IMG section — the first of its kind in the country. "That is where the whole movement started," Doctor Ahmad remembers, "I am very proud of that."

Doctor Ahmad's pioneering work with the MSMS IMG Section led to his being named to the AMA's new IMG Task Force in 1988, with a mission to identify the problems facing IMGs and to recommend solutions. The AMA Board of Trustees accepted the reports and two years later formed an advisory committee to implement the recommendations, a group of physicians throughout the country of which Doctor Ahmad was named chair. The committee began to take action on its findings. For example, a recommendation was made by the IMG Advisory Committee to equalize licensing requirements. "We asked them to make the rules uniform," says Doctor Ahmad. "We first did that in Michigan." The law was amended to require two years of residency for both IMGs and US graduates. "It became a uniform system and worked very well," Doctor Ahmad notes, adding that very few states have equalized their residency requirements. "We have a long way to go."

Doctor Ahmad's focus and dedication are by no means limited to the scope of the IMGs. His professional interest in corneal transplantation led Doctor Ahmad to become president of the Eye Bank Association of America, the main establishment of eyebanks. Doctor Ahmad transformed the EBAA from a small group into a strong scientific association. "When I took over, the whole budget was $60,000 a year. When I left two years later, it was $2.5 million. With its full time staff in Washington, DC, the Eye Bank Association is now a force to reckon with in this country, a real plus for corneal transplantation."

As Doctor Ahmad continues his work in the United States, he

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has not forgotten his homeland. In addition to his active role in the Association of Pakistan Physicians of North America, Doctor Ahmad offers medical aid to people of Pakistan by returning with the gift of sight. "I've gone back quite a few times to do ophthalmic surgery, to take care of some corneal transplants," Doctor Ahmad says. "There are a large number of people who can't afford medical care in Pakistan. We have some surgical organizations we work with, going to Pakistan for a month at a time to do thousands of surgical procedures."

Involvement a relentless goal

In all his activities, Doctor Ahmad is relentless in successfully urging his fellow IMGs to get involved and make their voices heard through the strength of organized medicine. "Our main aim is to get IMGs comfortable within the structure of the AMA, then we won't need an IMG section. The whole idea is to become a part of the group of all this country's physicians."

Throughout his medical career, Doctor Ahmad has always thought of himself as a family man as well as a surgeon. "My inspiration is my wife, Adeeba. Together, with my two daughters, Samra and Umber, they make me understand that we can achieve anything our minds and souls believe. Adeeba is a fashion designer, combining her realities of the West and her roots of the East. Samra has just received her Masters in International Relations, planning to pursue a career in international business, establishing international subsidiaries of American companies. Umber has just graduated from MIT in biogenetic engineering. Now in a masters of public health program in international health, her goal is to become a physician. We all have different dreams, but we all believe in the power of the family."

Doctor Ahmad is the ultimate demonstration of all that he believes. By establishing an IMG Advisory Council, Doctor Ahmad was recognized by the AMA with an appointment to the United States Congressional Committee on Medical Licensure. It is in Doctor Ahmad's life that we see the parallel of his words, the fire of his dream, and the fruits of his labor. ■

M. Susan Raef is president of WordPower Communications, Inc., a Chicago-based marketing communications firm.

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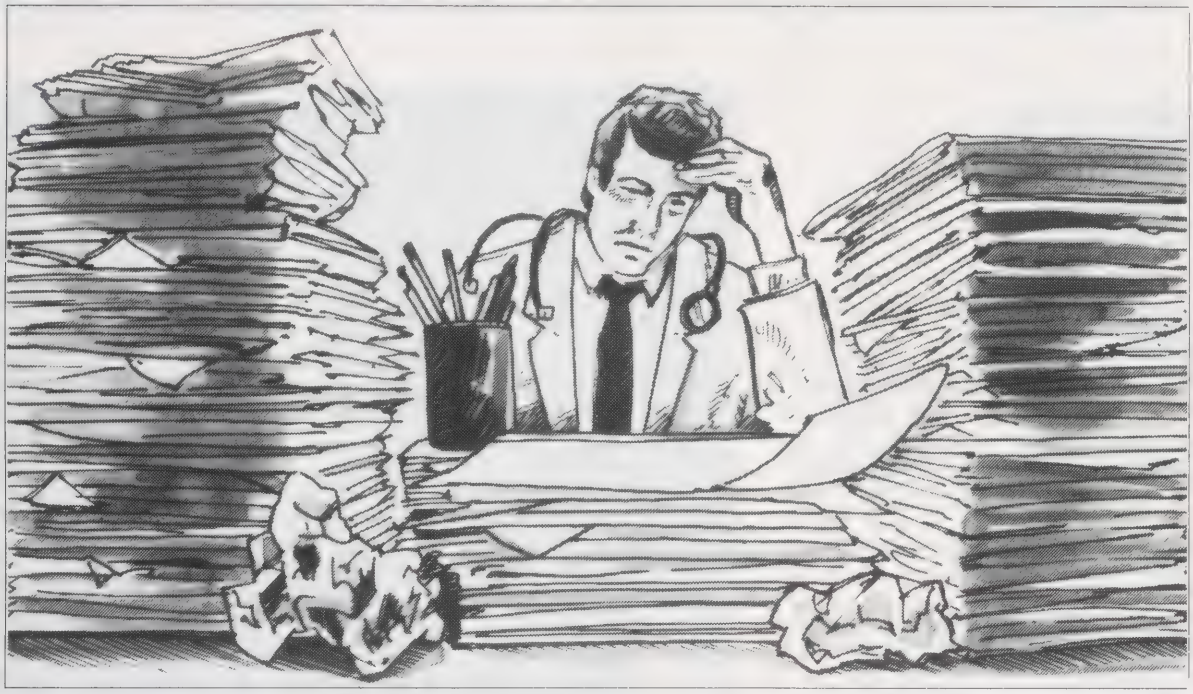
A test program is being conducted which offers a bonus to eligible physicians who reside in certain geographic areas (Pennsylvania, West Virginia, Ohio, Michigan, Illinois, Indiana, Wisconsin, Minnesota and Iowa). You would receive a $10,000 bonus for each year you serve as an Army Reserve physician-for a maximum of three years.

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Local Heroes:

Eighteen physicians honored for outstanding community service

Think globally, act locally. Or, think globally, act globally. Whatever their philosophies, eighteen Michigan State Medical Society members provide a mix of local/global volunteer work that won them 1995 Community Service Awards.

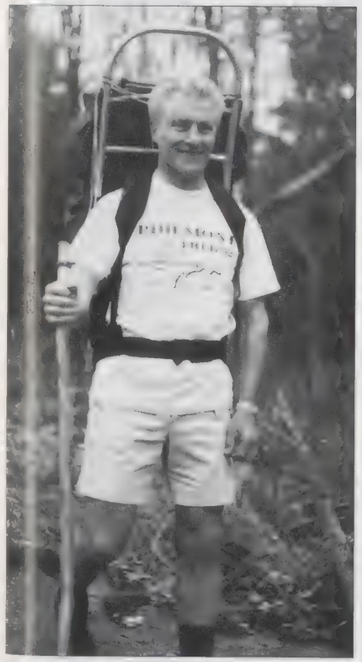
They work for the environment and to promote conservation. They provide medical services for the homeless and indigent. They provide expertise in hospices. Some give back to their communities through scouting and drug prevention programs. Others work in Croatia, Haiti and Kenya. Still others...well, read on.



James R. Hines, MD, of Saginaw, with a patient needing treatment of a leg ulcer in the jungle of southeast Central African Republic (CAR). He is recognized for his family's recent five years of medical missionary work in CAR where, in addition to treating patients, he taught nurses basic medical techniques plus some surgery. Doctor Hines, an obstetrician/gynecologist, started a self-sustaining malnutrition program and an AIDS counseling program there. He hopes to return to CAR in 1997 and to bring other health professionals with him.



H. Sydney Heersma, MD, of Kalamazoo, is cited for his 58 years of pediatric service to the children of Kalamazoo, particularly to children with multiple handicaps and chronic illness. Doctor Heersma was a prime mover in the establishment of a local clinic for children with rheumatic and congenital health disease and the Major Disease Clinic for children with cerebral palsy, mental retardation, cystic fibrosis and other chronic diseases.



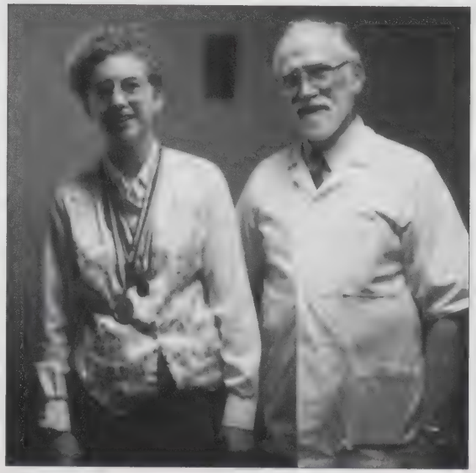
Donald N. Fitch, MD, of Escanaba, is cited for his 24 years of dedication to the scouting program in Delta County. Since 1971, Doctor Fitch, a family physician, has helped develop, organize and lead scouting activities including numerous canoe and backpacking trips around the Upper Peninsula and to Philmont Scout Ranch in New Mexico. He and wife, Paddy, who also is active in scouting, have three sons, all of whom are Eagle Scouts.



Vincent Dube, MD, of Mt. Pleasant, received the award for his extensive service as medical director of the Hospice of Central Michigan. Doctor Dube, an anesthesiologist, meets routinely and in emergency situations with the Hospice interdisciplinary team to decide on admissions and ongoing care for patients. Among Hospice staff and patients he is highly regarded for his compassionate care.



Phillip R. Glotfelty, MD, of Marshall, is recognized for a variety of community services that also resulted in a Distinguished Eagle Scout award last year. Doctor Glotfelty, a general surgeon, has served in a medical capacity at several international scouting jamborees, serves as president of the Marshall Rotary and serves as treasurer of the Marshall Board of Education. In addition, Doctor Glotfelty has held numerous leadership positions in his church and other community organizations.

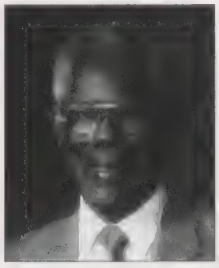


Maurice H. Chapin, MD, of Millington, and Lorie Blackmer, a Special Olympics winner from Highland Pines School. Doctor Chapin is recognized for a wide array of community activities including service as a volunteer school and church camp physician, volunteer physician for Special Olympians, founder of a local drug prevention education program and decades of service on various church committees and civic groups.



John G. den Hartog, MD, of Holland, formerly of Hastings, is recognized for 20 years of service to the Boy Scout program and eight years of service as a medical missionary in Ethiopia where he established a hospital in the 1960s. Doctor den Hartog, a general surgeon, returned to Kenya this year to continue his volunteer work for the people of Africa.

Ernest V. Quiroz, MD, of Grand Rapids, is recognized for his service as medical director for the Heartside Clinic, located in the heart of downtown Grand Rapids, where patients are primarily the homeless. He also serves as medical director of Clinica Santa Maria, a clinic where patients are non-English speaking Hispanics. Doctor Quiroz, a family physician, also chairs the Kent County Medical Society's Committee for the Underserved which explores ideas and ways to extend access to health care to the area's underserved.



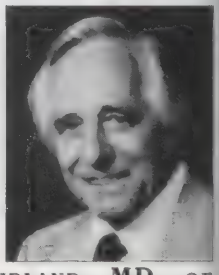
Lionel F. Swan, MD, of Southfield, is recognized for his lifelong battle for civil rights and dedication to providing health care for the poor. Doctor Swan, an obstetrician/gynecologist, has provided countless hours of volunteer medical services. He also is co-founder of the NAACP Fight for Freedom Dinner, one of the nation's leading minority fundraising events.



Sudarshan R. Reddy, MD, of Clinton Township, treats a patient in Bosnia. Doctor Reddy, a plastic surgeon, is recognized for his volunteer medical work in his community and in Croatia. He spent two weeks last fall performing reconstructive surgery on the disfigured faces and hands of children, citizens and soldiers wounded in the war in Bosnia and Croatia. He hopes to do similar volunteer work in the future.



Kenneth E. Rowe, MD, of Calumet, earned the award for his lifelong dedication to the health of the people of the Upper Peninsula, in general, and the Keweenaw Peninsula, in particular. Doctor Rowe, a public health physician, conducted a long-term health care needs study for the entire Upper Peninsula, was active in diabetes and TB control for the Upper Peninsula and was a volunteer team physician for Michigan Tech athletes.



L. George Suhrland, MD, of Williamston, earned the award for his contributions to the study and treatment of cancer during his 22 years as a professor of medicine at the Michigan State University College of Human Medicine, where he was a founding faculty member. Doctor Suhrland has been active in the American Cancer Society (ACS) and is a past president of the ACS, Michigan Division.



Byrne M. Daly, MD, of Jackson, received the award for decades of advocacy for his patients, a distinguished military career and continuing service to his community. Doctor Daly, a general surgeon, earned numerous U.S. and French medals for his service in World War II, including the Purple Heart. He continues to serve today as medical director of Hospice of Jackson County.



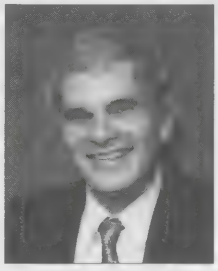
John H. Tanton, MD, of Petoskey, is recognized for his efforts to improve local, state, national and worldwide environmental protection, clean-up and awareness. Doctor Tanton, an ophthalmologist, founded or help establish a number of conservation groups including the local chapters of the Audubon Society and Sierra Club, among many others.



Robert C. Schindler, MD, of Stevensville, earned the award for many years of medical missionary work dating back to 1962 in Liberia. He is a past president of the Christian Medical Society, USA, and continues to chair the Committee on International Medical Educational Affairs. Doctor Schindler, a general surgeon, also serves as a member of the board of directors of MAP International, an organization that provides medical supplies and medical education around the world.



Bashar I. Nakhleh, MD, of Port Huron, is recognized for sacrificing his "free" time to volunteer at the Peoples Clinic which provides medical care for the indigent. Since coming to the community three years ago, Doctor Nakhleh, an internist, has spent countless hours providing volunteer health care at the clinic, despite the obligations of a busy private practice.



Robert M. Soderstrom, MD, of Flint, is cited for his groundbreaking work in raising physician awareness of the environmental causes of some diseases, and the role that physicians can play in developing policy on those issues at the local, state and national levels. Doctor Soderstrom, a dermatologist, most recently published an article entitled "An outline for action: How physicians might become involved in the environmental debate."



Edward B. Miedema, MD, of Big Rapids, (left) stands with Claude Paultre, MD, the medical director of the Hospital of Light in Haiti. Doctor Miedema earned the award for his 15 years of medical missionary work at the hospital. A urologist, he served from 1980-83 as a full time staff physician there, and has gone back for several weeks every year since then. He most recently participated in a medical mission to the Guianas in South America.

COVER STORY

Understanding the INs & OUTs of MANAGED CARE



Managed care has arrived in Michigan and is evolving rapidly. As the following cover story shows, if you are not involved in the process and, thus, not prepared for the changes which lie ahead, you better get started — and fast. Included in the following pages is a status report on managed care in Michigan, plus a comprehensive examination of the many risks and opportunities posed by managed care. Also included is a five-year forecast, expert legal advise on liability under managed care, and a variety of articles on utilization management and medical review. Rounding out the cover story is a list of managed care products and services available from the AMA and MSMS.

If you have opinions you would like to share with MSMS, you may: fax MSMS at (517) 337-2490; E-mail MSMS at MSMS@Voyager.Net; send your message via the Internet at HTTP:\\WW.Voyager.Net/MSMS/; or mail your comments to Michigan State Medical Society, P.O. Box 950, East Lansing, MI 48826-0950.

COVER STORY

Managed Care is Here ...and Growing

Are you involved? Prepared? If not, you *should* be

By Bob Carlson

As managed care evolves in Michigan, one message is clear: physicians are key players and therefore, must get involved. After all, as Allan Dobzyniak, MD, explains in the following article, "Physicians are the people who control utilization, the people who are uniquely in a position to control quality, and the people who are uniquely in a position to give value to the health care dollar." While there are risks, the evolution of managed care provides physicians with a solid opportunity to accomplish something in terms of on-going health care management. The following article provides a status report on managed care in Michigan, plus a comprehensive examination of its inherent risks and opportunities for physicians and patients.

Warning! This article may be out of date by the time you read it. That's how fast managed care is evolving in Michigan. And if you're inclined to leisure contemplation, forget it. Managed care in Michigan is not going to hold still for you. The best you can hope for is to glimpse a freeze-frame of managed care. And network like crazy with as many other participants in the health care marketplace as you can.

Is it managed care?

Not long ago, an employer shopping for a health care plan had a choice of fee-for-service or managed care. Today, it's an a la carte menu with lots of choices. A plan may combine traditional indemnity coverage with a variety of managed care controls such as medical appropriateness reviews, provider profiling, and other tools for peer-to-peer comparison.

Is it indemnity? Is it managed care? Does it really matter, if they're buying it?

If a Toyota from a plant in Kentucky is equipped with tires from Mexico, electronic fuel injection from Germany, leather seats from England, and a drive-train from Canada, is it an import or a domestic? Does it really matter if they're buying it?

Right now, the health care marketplace in Michigan is in transition from traditional plans to managed care plans, so it's not surprising to find a variety of hybrid products like PPOs and POSs that combine elements of each. POSs, or point of service plans, which combine closed physician/hospital panels, utilization management and risk-sharing arrangements with copayments for patients who seek services outside the panels, are currently the fastest growing managed care program in Michigan.

Even traditional products from the state's largest health care insurer are being retrofitted with managed care options. "As we improve the effectiveness of our traditional Blue Cross/Blue Shield indemnity health insurance product, which now has many elements of managed care built into it, consumers and employers may find it more attractive than other managed care products," says Spencer P. Falcon, MD, senior vice president for Managed Care and National Services, Blue Cross/Blue Shield of Michigan.



"Managed care has tremendous up-side potential for improving the quality of care and decreasing costs, but the opportunity to cut corners for financial gain is always going to be there."

— Fred E. Patterson, MD

The trend in Michigan, and across the nation, is clear: managed care is here and getting bigger.

Michigan perspective

Annual HMO enrollment in Michigan has grown steadily from just over one million in 1985 to 1,725,000 (20 percent of Michigan's population) in 1993. That percentage is even higher in the Detroit market.

In the executive summary of the *MSMS 1994 Survey on Practice Characteristics,* which is based on responses from active members, MSMS Chief of Health Care Research Julie Lester, MHSA, highlights the following statistics:

- A larger percentage of physicians have managed care contracts than in 1992, a reflection of the continued penetration of managed care plans in the Michigan market. Sixty-nine percent of physicians had a contract with an HMO, as opposed to 64 percent in 1992. Seventy-four percent have a contract with a PPO, up from 65 percent in 1992.
- The majority do not plan to change their managed care affiliations in the coming year, but of those who do plan changes, adding new plans is the most common response.
- Among those who do not yet have any managed care contracts, nearly half say they plan on signing with a plan in the next year.

Michigan Medicaid is also moving very quickly toward universal enrollment and managed care for the 1.2 million people who have Medicaid as their health care coverage in Michigan, according to Michigan Medicaid Director Vernon Smith, PhD. "The advantages of managed care are so compelling for patients, providers, and those who are paying for health care, that I expect there will be very little health care provided outside a managed care arrangement," says Smith.

"A messy, risky business"

That sounds like a description of major surgery, but Janet D. Olszewski is actually talking about change, specifically the transition to managed care in the next five years. She is managed care division chief of the Michigan Department of Public Health.

"The risks are that it will be messy getting from here to the year 2000," says Olszewski. "We've got a lot of shaking out to do in the health care system, and hopefully that shaking out will result in services, providers, and organizations that need to be there. But that's not a guarantee. The risk is that you may lose some good things as you move forward. Health care organizations are going to look different. We may not need exactly the set of resources we currently have in this state."

Let's step back from the mess of real life for a moment and look at this transition to managed care analytically.



"...rational planning has to be...more a part of medicine. And managed care, in a sense, is, indeed, trying to do that...good managed care means good management of all the resources that you have. Physicians and facilities who do it right will...be the winners."

— Willard S. Stawski, MD

When Mary Anne Ford, manager of the MSMS Department of Medical Economics and Health Care Delivery, talks about managed care to physicians around the state, she divides the evolution of managed care into four stages. Stage 1 is characterized by few affiliations between independent physicians, hospitals, and employers. Utilization of health care resources is high and market penetration of managed care is 10 percent or less.

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"We're in the design phase. I think we really are figuring out what we want managed care in Michigan to be. There's an opportunity to do this right. There's also the risk of doing it wrong. If you have opinions, get involved."

— Janet Olszewski

Michigan Department of Public Health

In Stage 2, loose provider networks and weak hospital affiliations are formed, excess capacity develops, and lead HMOs, PPOs, and medical groups emerge. Managed care market penetration ranges from 11 percent to 30 percent.

In Stage 3, hospital systems form and recruit or compete for primary care practices, beds close, and lead HMOs, PPOs, and medical groups achieve mass and begin to consolidate. Managed care market penetration ranges from 31 percent to 50 precent.

In Stage 4, capitation prevails, risk shifts to primary care groups, and purchasers contract with integrated groups and hospital/physician systems to provide comprehensive services.

If any of this sounds familiar, it's because you're living it. If you practice in metropolitan Detroit, you are likely to be between Stages 2 and 3 of the managed care evolution. Elsewhere in Michigan, you are probably in Stage 1 or between Stages 1 and 2.

So how messy and risky is this transition really going to be?

If you have a system that's new and different and you're not comfortable with it, you're going to be a little anxious," says Martha L. Gray, MD, an internist with a group of 70 physicians in Ann Arbor. She has practiced in a capitated managed care system for about 10 years. "It's just part of human nature. I was anxious the first couple of years I did it, but I'm over that. If you talk to my colleagues or other people who have been in managed care as long as me, you're going to hear the same thing."

Is managed care a risk? Undeniably.

Is managed care an opportunity? Absolutely.

Change is like that.

Patient care

For many physicians, managed care represents a long-overdue opportunity to coordinate care so that patients receive maximum benefit from what medicine has to offer. In the past, managed care proponents argue, physicians often had no idea that a patient was seeing another physician. The result was a hodge podge of diagnostic and treatment strategies, potentially dangerous drug interactions, expensive duplication of effort, delays in treatment, and a waste of time and resources.

When I talk about managed care," says Grand Rapids family physician Douglas A. Edema, MD, who serves as president and CEO of Advantage Health, a physician-hospital organization, "that means making sure my patient has the right service, at the right time, provided by the right person. That's also going to be the most cost-effective and highest quality care. To allow the patient to just kind of drift through the system, having to sort things out for him- or herself is just a very poor way to deliver health care."

Fred W. Isaacs, MD, a Lansing internist and president of Capital Area Physicians, PC, an independent physician association, agrees. "The advantages for patients are that there will be a more seamless continuum of health care available and that patients cannot be exposed to unnecessary tests and procedures as they might be under a strictly fee-for-service type of model," he says.

The potential benefits of managed care extend beyond the diagnosis and treatment of disease into the largely unexploited realm of preventive health care. "Patients may benefit from increased access to preventative health measures because they have a primary care physician who is supposed to be interested in annual physical exams, immunizations, mammograms, and those sorts of things," says Gilbert B. Bluhm, MD, a Detroit rheumatologist and past president of MSMS.

"I would say to any participant in health care or in a health insurance field, if you don't already understand what managed care means for you or for your organization, you probably have a lot of homework to do, real fast."

— Philip D. Pierce

Aetna Health Plans

Managed care executives also foresee significant progress in enhancing community health status and in serving the needs of specific patient groups. David Siegel, MD, is medical director and vice president for Health and Medical Affairs with Health Alliance Plan. "The opportunities in my mind are to focus on what is effective in both clinical and in community settings, to do more prevention of disease and to find effective case management strategies that allow us to focus our tools and our skills on specific sets of health problems for sub segments of our population, whether they're

Continued on next page

Managed Care in the Year 2000:

Expect continued growth and improvements

When we asked managed care executives to discuss the risks and opportunities in managed care in the year 2000, we were hoping for some interesting prognostications, and that's what we got. Executives across the board see managed care continuing to evolve and improve substantially over the next five years.

More accountability

For one thing, managed care organizations and the health care system in general will be more accountable. Consumers, employers, and regulators will have more information about how well health plans deliver what they promise. Managed care organizations will use this information to market themselves. Employers and consumers will use this information to make buying decisions. Michigan Department of Health Managed Care Division Chief Janet Olszewski says that consumer organizations across the country will insist on good information to make those decisions.

"Report cards identifying who does a good job and who doesn't are going to drive patients to the high quality practitioners," predicts Douglas R. Woll, MD, senior vice president and chief medical officer of SelectCare.

According to Peter W. Roberts, president and chief executive officer of M-CARE and senior associate director, University of Michigan Medical Center, providers themselves will be held much more accountable for their performance in integrated delivery systems, while intermediaries such as HMOs and insurance companies will be responsible for administrative performance.

"From my standpoint," says Spencer P. Falcon, MD, senior vice president for Managed Care and National Services with Blue Cross/Blue Shield of Michigan, "the real opportunity for managed care is care management — making sure that it's personal, that it's effective, that it's consistently high quality, and that people are getting what they expect."

Better quality

Managed care is also expected to enhance the quality of health care in Michigan over the next five years for individual consumers as well as for communities.

"As we become more adept at using outcome measures and measurements of health status, I think there is a tremendous opportunity to improve the health status of the patients we care for," says Doctor Woll. "We will see things like improving the immunization rate, many preventive health issues such as mammography and cervical cancer screening and cholesterol screening. The objective of managed care is to render preventive health care services so that their members maintain their good health and improve their health over time. In the fragmented fee-for-service system, there's really no one overseeing the large population groups in terms of what's best in terms of their health status and how to improve their health."

Doctor Falcon concurs. "Care management is active rather than passive care," he says. "You reach

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people with diabetes, asthma, or HIV," says Doctor Siegel.

Care or cost?

The potential of managed care for providing better care and improving the health status of individuals and communities is appealing, especially to physicians. And when you add up the bill, managed care can do it for less. But the opportunity to cut costs has some physicians concerned that when all is said and done, it's going to be the bean counters, and not the physicians, calling the shots in managed care.

"The major risk for a physician like me is letting the managed care companies be the dominant force over the doctor," says Rochester general surgeon Peter A. Duhamel, MD, "taking away the doctor's ability to make his own judgment about patient care, about what's best for the patients, and setting their own so-called standards that are probably designed more to improve their bottom-line financial performance than to do what is necessarily best for the patient." Dr. Duhamel is current chair of the MSMS Board of Directors.

The concern that financial expediency may take precedence over good medical practice and the best interest of the patient probably haunts some physicians more than all their other misgivings about managed care put together. Recent news reports about executives of for-profit managed care companies who earn multi-million-dollar salaries come as no surprise to several opponents of managed care. They contend that big salaries and shareholder returns are the result of cutting patient services and squeezing physician reimbursement levels.

Even proponents of managed care concede that the conflict of interest between money and medicine is a concern. "Managed care has tremendous up-side potential for improving the quality of care and decreasing costs," says Fred E. Patterson, MD, a Jackson radiologist who is current chair of the MSMS Committee on Medical Economics and Health Care Delivery. "But the opportunity to cut corners for financial gain is always going to be there."

"My concern is when the decision-making is done by insurance companies and third parties that are not directly involved in patient care, but are primarily concerned about the bottom line, the possibility that decisions may be made that are not in the patient's best health care interest," says Gerald

Continued from previous page

out and try to modify the disease process by first preventing it. Then by actively managing it if it cannot be avoided, rather than waiting for the ill person to come to you." He believes that disease management, early identification, early interdiction of the disease process, particularly in relationship to long term case management for chronic conditions by either a physician or by an organization, will be a standard part of managed care delivery systems, across the board, by the year 2000.

Janet Olszewski, managed care division chief, Michigan Department of Public Health, believes much of our health care dollar is spent on chronic disease and treatment and management of illnesses that are preventable with lifestyle change. "Heretofore, the public health system had focused on those kinds of things but the medical care system has really focused on the treatment of illness," she says. "In the year 2000, we'll really begin to integrate those two pieces of our health care system again. Managed care will help us do that."

Olszewski also sees more multi-disciplinary teams of nurses, nurse practitioners, physician assistants, and other health care professionals working with physicians in primary care settings.

User-friendly information systems

Philip D. Pierce, vice-president, Michigan Market and Health Plans, Aetna Health Plans, predicts that pre-authorizations, 800 numbers, and other instruments of managed care micromanagement may be history by the year 2000, thanks to improved information systems that link providers and payers.

"There is going to be a more rapid movement toward electronic connectivity for eligibility and online claims and other information between the health plan and provider," says Pierce. "A doc will be able to tap into our clinical database and policy guidelines and be able to lean on the health plan as a better resource of how the health plan would view a course of treatment. The intent is to eliminate the mass of paperwork and the preponderance of 800 numbers."

Direct contracting

According to Pierce, more and more Michigan employers, especially large employers, are circumventing payers such as HMOs, PPOs, or insurance companies, and contracting directly with specific providers for services. For employers, the advan-

Sherman, MD, a Troy otolaryngologist and president of Michigan Provider Network, a physician organization.

"The risks would be that management is inappropriate and that the management systems force patients to either ignore care, delay care, or receive inappropriate care," says Grand Rapids general surgeon Willard S. Stawski, MD. "By inappropriate care, I mean care by the wrong person, at the wrong time, or at the wrong place in an attempt to save some dollars. That is the great risk of managed care."

"The risk, I believe, is that some people may feel that by controlling utilization, the patient's needs may be underserved, that more emphasis may be placed on saving a dollar rather than providing the quality of care that's needed," says Port Huron pediatrician Daniel J. Wilhelm, MD. "I think that we have to be careful, in managed care, that we don't emphasize saving dollars and forget quality of care. I guess the old adage about throwing the baby out with the bath water is a possibility if we aren't careful."

For some patients, the issue is not quality of care, but quality of life after the care has been rendered. These are the cases that test the moral and ethical limits of health care even when money is no object. How they are resolved in a cost-conscious managed care environment may be a source of controversy long after quality of care is a given.

"For example, treating an angina patient with nitroglycerin is much less expensive than open heart surgery, and the long-term prognosis may be the same," explains Doctor Sherman. "However, for some patients, surgery is preferable because they can maintain the quality of life that they are accustomed to and that they prefer."

"The real problem down the line will be prioritization of health care services," says Doctor Stawski. "Those are the difficult decisions that we're all trying to skirt around, but medicine only has so many dollars to spend and the question is, how are we going to spend them. It's difficult for any physician to say to a patient, 'you're 55 and you need a new hip, but the government's not going to buy it for you.' We're prioritizing indirectly already, and that's the Oregon Plan, of course. I think that rational planning has to be, somehow, more a part of medicine. And managed care, in a sense, is indeed, trying to do that. I think good managed care means good management of all the resources that you have. Physicians and facilities who do it right will be the winners."

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tages of direct contracting are best price, control of utilization data, and therefore control of utilization.

"The next step after direct contracting is called business coalition," Pierce says. "That has been growing very rapidly in Michigan. The way it works is that a number of businesses will get together in a particular area, Detroit or Grand Rapids or Lansing, and then the coalition will act on behalf of those employers in discussions with the health care delivery community."

Peter W. Roberts sees the same trends developing. As a result, intermediaries such as insurance companies, HMOs, or PPOs will have their roles redefined. "I think we're going to find that purchasers and suppliers together are going to enter into the primary contract or relationship and then we are going to subcontract to HMOs, insurance companies, and PPOs to carry out a more limited set of administrative functions," says Roberts.

Big consolidations, new entrants

"Based on national projections that I've seen, 80 percent of all lives will be covered by one form of managed care or another by the year 2000," says Arnie Duforte, president and CEO, Blue Care Network East Michigan, and Blue Care Network Health Central.

Duforte predicts big consolidations among managed care organizations in Michigan for economic reasons. Small plans, i.e., those with enrollments of 50,000 to 100,000, will find it more and more difficult to compete.

Roberts sees national for-profit entrants trying their hand in the Michigan managed care market. "Some of them are going to do it in a niche capacity, whether that be Medicare risk, mental health and substance abuse, or laboratory," says Roberts. "Some of them are going to do it in a broad-based capacity in trying to acquire HMOs and begin to provide a full-service managed care organization. That changes the complexion totally in this state, where Blue Cross and the alternatives to Blue Cross have been independent or provider-owned HMOs. All of sudden, we've going to have some significant intrusion into the market between now and the year 2000 of private national companies. It'll be exciting."

In five years, the managed care environment in Michigan may be as different from today as managed care today is from fee-for-service. ■

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Doctor Sherman agrees. "We want to make sure that managed care does not become synonymous with rationing of care or withholding of care," he says.

Opponents see the incentives to use resources frugally as the fatal flaw in managed care. Supporters say the opportunities of managed care far outweigh the risks and point to built-in safeguards designed to assure high quality care.

"You're going to have to have some very good monitoring systems to identify when care is being adversely affected by an economic incentive," says Doctor Patterson. "As far as I can tell, peer review becomes even more essential in a managed care and capitated care environment."

"I personally do not feel that under-utilization is any more of a risk under capitation than overutilization was a risk to patients in fee-for-service business," says Marguerite R. Shearer, MD, medical director of Care Choices Health Plans. "I see no greater risk and frankly, somewhat less of a risk, because I think we'll have better tracking methods to follow that."

"I think quality patient care is a very minor risk because there are systems that keep us from not taking good care of patients, in addition to obvious things like ethics," says Doctor Gray.

A number of practicing physicians and managed care executives are optimistic that implementing standardized patient care protocols, also known as practice parameters or practice guidelines, will go a long way not only toward making inappropriate care or underutilization a non-issue in managed care, but in significantly enhancing patient care.

Frederick E. Rector, MD, is currently involved in generating managed care protocols for the department of surgery at Children's Hospital in Detroit. "I personally don't believe that in a well managed plan that there are ever risks to the patients," he maintains. "If patient care protocols are very carefully written and thoughtfully conceived, then there's actually better care for the patient. In the long haul, I think that there will be better care for patients. But I can understand how someone on the other side of the coin might feel that there's a real risk to patients."

All physicians and managed care executives agree that physicians have a role to play in maintaining quality care for their patients. "It's not that managed care is bad," says Allan Dobzyniak, MD, a Dearborn internist. "It's who manages the care. If it's physicians and patients managing the care, I think managed care can be something truly excellent."

"The risks are that the corporate entities that run the plans will control so many patients in your practice that they can really dictate the terms of your participation with the plan and the payments that they will force you to accept. That's the basic risk to the physician. The opportunity is one of these "good news, bad news" opportunities. You have the opportunity not to lose your practice if you participate."

—Susan Hershberg Adelman, MD

Reimbursement

Although many Michigan physicians who participate in managed care plans are still reimbursed on a fee-for-service basis, the trend is clearly away from fee-for-service and toward reimbursement formulas that include financial incentives for performance. In plain English, this means that if you score well on one or more measures such as outcomes, utilization, quality, or patient satisfaction, you get paid extra.

"There is no specific form of reimbursement model that is necessarily right," counsels Philip D. Pierce, vice-president, Michigan Market and Health Plans, with Aetna Health Plans. "It has to be structured based on what you are hoping to achieve. The reimbursement model should be the last decision in the contracting between payer and provider. If it happens to be capitation with an element of risk because you've defined that risk and you understand what each party is taking on, that's great. If it happens to be bonus arrangements for performance, that's

"This is a transition time and I think that physicians have to be very careful that the pendulum does not swing too far so that they lose some of the control that they've had over the quality of care, control over their percentage of the income. For instance, a chief executive officer of a medical company has to satisfy his investors so that they get their 8-10 percent return and then they pay an additional 20 percent to the business managers, so right off the top, that means approximately 30 percent of physicians' income is going to people whose primary concerns may not be about quality medical care."

—James F. Clark, MD

fine. If it happens to be a straight fee schedule because the provider is not willing or ready to accept any type of performance management, then that's appropriate. Right now, we are probably looking at a highly mixed reimbursement methodology for the next five years at least."

When Michigan providers or managed care types talk shop these days, capitation is bound to come up in the conversation because that's where the Michigan managed care market seems to be heading. In a fully capitated plan, a physician's reimbursement is directly tied to performance measures. There are no 800 numbers to call and no pre-authorizations to get. Patient care decisions are in the doctor's hands. So is reimbursement. The physician has, as they say in managed care, assumed risk.

"There is tremendous financial risk if providers, and physicians in particular, are not good at managing the health of their patients," says Douglas R. Woll, MD, senior vice president and chief medical officer of Select Care.

"The major risk to the physician is fiscal," says Doctor Gray. "If you don't manage your patient population well, then you are putting yourself at fiscal risk."

"To me, managed care is synonymous with capitation or putting the providers at risk, not only for the clinical management of the care but for the financial consequences of that clinical management," says Doctor Patterson.

"Are there risks? Definitely," agrees Doctor Dobzyniak. "If one is going to accept risk in a capitated payment system, then one should be sophisticated in what that demands in terms of information gathering systems, in terms of clinical decisions, in terms of outcome research, and in terms of proper contracting."

"In a bad contract, you'll be overwhelmed with the number of patients, because there is no control on the referral if the clinical indicator is not followed," says Bashar Succar, MD, chief-of-staff-elect and chair, Department of Otolaryngology, St. Joseph Mercy Hospital, Pontiac, and president of the Oakland Physician Network.

"Even if you're in a plan, one of our big concerns in medicine is that you may be deselected for economic reasons alone," cautions Doctor Bluhm. "Physicians need to look at the contract very closely and make sure that they have an appeal process."

"If you get into managed care and you're on a risk basis, if you don't perform the way you expect to perform, then you have a lot of financial risk," says Doctor Rector. "The other risk is that you fight it instead of joining it and find yourself on the outside looking in."

And that may be the biggest risk of all.

But before you conclude that you're damned if you do and damned if you don't, consider what these same Michigan physicians and managed care executives have to say about the unprecedented opportunities in managed care.

"On the other hand, I think there is tremendous opportunity for financial success in managed care," says Doctor Woll.

"I see 30 patients a day in a non-stressful way," says Doctor Gray. "If you are a physician who takes charge and gets organized and gets some say in how these systems develop, then there's less risk."

"The upside is fantastic," says Doctor Patterson. "This may be one of the rare times when the economic incentives are going to reward the clinically efficient and clinically skilled doctors. Under capitation, we see an incentive system that will really reward clinically astute and skilled physicians who can reach the diagnosis and administer the treatment in a very efficient way from a clinical standpoint. And if you're clinically efficient, it's very likely that you'll be economically efficient as well."

"I think that physicians in managed care can gain patients in practice and through referrals," says Doctor Bluhm.

"There are clearly opportunities for physicians who decide to embrace the managed care philosophy," says Doctor Rector. "They can actually increase their share of the marketplace, maybe not on a dollar per case basis, but in increased volume just because they belong to a managed care organization

> "In the final analysis we'll have to learn to collaborate. They have to buy into the physician's concerns about quality issues and ethical issues, and we have to understand, as providers of care, that the system will only support so much cost. The need for a cooperative, collegial type of system is obvious. It cannot continue to be contentious or even adversarial, because we both have stakes in the success of the system. The managed care systems are challenged by the payers to come up with a system that they can afford and they in turn, have to work with physicians to make sure that the public's health isn't short-changed because of simple cost constraints."
> *—Cecil R. Jonas, MD*

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that happens to effectively control a large segment of the marketplace."

"The opportunities are almost limitless for the plans that are able to meet the employers' cost demands, which are becoming more intense," agrees Arnie Duforte, president and CEO of Blue Care Network East Michigan and Blue Care Network Health Central.

Some physicians, like Warren ophthalmologist Donald P. Muenk, MD, are uncomfortable with talk about money and profits in managed care. They believe the dollars that go into marketing, advertising, and profits should instead be used to provide for the sick and injured.

> "Most physicians realize that managed care is here to stay and that it's not going to go away any time soon. I think that most physicians around the country are planning more and participating a lot more than they were even three to four years ago. That being the case, I think the newer and innovative ways to provide quality health care at an acceptable cost will develop over the years ahead."
>
> *—Thomas Zuber, MD*

Others see unprecedented opportunities to make lots of money in the new health care marketplace but wonder if society is ready for successful physician entrepreneurs. "The whole reorganization of health care presents entrepreneurial opportunities for physicians and health care administrators that have not been available in the past," says Doctor Stawski. "Now, whether that's good or bad, I don't know. I sense that there's a lot of bad in it. But I think trying to push that issue aside and not address it hurts us. I think the question we have to ask the public is, is it irresponsible or inappropriate or unethical for a physician to intentionally go for the profits if that opportunity is legally and otherwise available?"

What you should do now

Confused? Frustrated? Anxious?

If it's any comfort, so is most everybody else in health care these days. One potential source of confusion may be the fact that a common knowledge base about managed care is still evolving. For example, a physician may have a much different understanding of what it means to assume risk than someone in the health insurance industry.

"Physicians need to understand how these systems work, what they need to do to prosper, or where their risks are for losing income and being financially responsible for medical matters that they don't have control over," says Doctor Isaacs.

A state medical society-sponsored physician network may be one option which gives physicians more control over their destiny in a managed care environment. The Michigan State Medical Society is exploring that option now. Meanwhile, Michigan physicians, individually and collectively, need to come up to speed on managed care because they are the key players in how managed care develops in Michigan.

"Physicians are the people who control utilization, the people who are uniquely in a position to control quality, and the people who are uniquely in a position to give value to the health care dollar," explains Doctor Dobzyniak. "I think it's up to us to take the lead here. If we don't, it'll be to our personal detriment, our economic detriment, and to the detriment of the profession. So I think this is a real opportunity in time for physicians really to accomplish something in terms of on-going health care management."

"We're in the design phase," says Janet Olszewski, chief, Managed Care Division, Bureau of Health Systems, Michigan Department of Public Health. "I think we really are figuring out what we want managed care in Michigan to be. There's an opportunity to do this right. There's also the risk of doing it wrong. If you have opinions, get involved."

Philip Pierce says physicians can become active and try to control what's going to happen in their part of the Michigan managed care system, or stay passive and allow others to determine their fate. Here is his three-step program for surviving the transition to managed care.

"I would say to any participant in health care or in a health insurance field, if you don't already understand what managed care means for you or for your organization, you probably have a lot of homework to do, real fast," advises Pierce. "Number two, make sure that you are talking to as many other participants in health care and in the health insurance field as possible to have an understanding of what their view of managed care is. Number three, once you have an understanding of the landscape, you have to define now what you anticipate your role is going to be in that future world and start moving towards it. If you don't, it's going to happen anyway, and if you find yourself a survivor by the year 2000, it will have been sheer luck."

And that's a risk you probably don't want to take. ■

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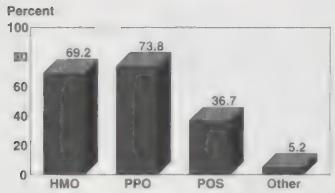
Increasing number of physicians have managed care contracts, MSMS survey indicates

According to the newly-released MSMS *MD Data* survey, a larger percentage of physicians have managed care contracts than in 1992, a reflection of the continued penetration of managed plans in the Michigan market. Sixty-nine percent of physicians had a contract with an HMO, as opposed to 64 percent in 1992. Seventy-four percent have a contract with a PPO, up from 65 percent in 1992. Nearly half of all physicians in managed care arrangements contract with plans as an individual physician, and another 35 percent contract as part of a group practice. The majority do not plan to change their managed care affiliations in the coming year, but of those who do not plan changes, adding new plans is the most common response. Fifteen percent of respondents said that they have been excluded from a managed care plan that they wished to join. Among those who do not yet have any managed care contracts, nearly half say they plan on signing with a plan in the next year.

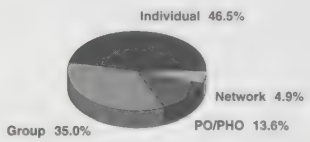
MD Data Survey Results Available from MSMS

Complete findings of the MSMS *MD Data Survey on Practice Characteristics* are available from MSMS. For a copy of the survey results, which are available free upon request, or for more information about the survey, contact Julie Lester, chief of health care research for MSMS, at (517) 336-5768.

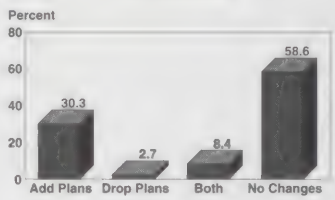
Physicians with Managed Care Contracts



Contracted with the Plan as...



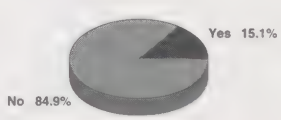
Plan to Change Managed Care Affiliations



Considering Signing with First Managed Care Plan



Ever Been Excluded from a Plan



More or less liability for physicians?

New and Different Liability Under Managed Care

By R. Stephen Trosty, MHA, JD and Randy J. Hackney, JD

Growth in managed care is beginning to change the complexion of medical liability. Small wonder, really, when you consider that managed care is changing the complexion of medical care.

Managed care is transforming medicine from a profession to a business. The essential "building blocks" of managed care, preached far and wide, are simply good management techniques. They usually consist of these four basics: effective utilization management, integrated information systems, a quality improvement process, and a focus on outcomes to benchmark. As more people join managed care plans and as more physicians participate, the more business-oriented health care will become.

From an insurance perspective, we must develop insurance to accommodate the business attitude and new structures of health care. One of these policies is called (cleverly) managed care liability insurance. Still in its infancy, managed care liability insurance is a package of several types of business insurance. Many insurers are scrambling to put together policies, and then just as quickly dismantling them and rethinking them. Why? Because of the *varied* landscape of managed care entities. And because questions remain about the *amount* of liability shifted or added to managed care organizations.

We don't have to tell physicians that no two managed care entities are the same. If you've seen one, you've only seen one. There's the HMO, the PPO, the MSO, the PHO, the EPO, the IPA, and the POS plan to name a few. (Physicians know these acronyms if not in theory, then in practice.) In an industry as amorphous as managed care, you can only imagine an insurer's underwriting difficulties.

Will new types of liability arising from managed care increase your liability as a practicing physician? We're lawyers, so we're going to be noncommittal here. Maybe. Maybe not for *physicians*. Probably, yes, for *managed care* organizations. We can be certain about one thing, though: liability issues will be different under managed care. We'll explain some of these new exposures and what physicians can do to minimize liability.

Please understand that this is an area of law that has only begun to percolate, and there are no true experts yet in managed care liability. However, some noticeable patterns are emerging.

Caution: Read Your Contracts

First, a cautionary note before we launch into the new liabilities: Read and have your attorney read your managed care contracts. As attorney-preserving as this may sound, this is a prudent investment. Signing a contract without reading it is always a mistake — we all know it intuitively. Yet, physicians do it all the time. When we poll our physician audiences during the managed care liability seminars we conduct, many physicians indicate they sign and return contracts without really reading them. The Michigan State Medical Society provides a helpful checklist of items to look for in managed care contracts. (Checklist appears on page 00.) But as you'll discover, some of these items are complex and should be referred to a "specialist." Do yourself a favor and farm it out to your attorney.

Liability Under Managed Care

The new liability exposures for managed care fall into three broad categories: Credentialling, utilization review, and ostensible agency. There are others, of course, but we're providing an overview here, not writing a textbook. It's important to emphasize, first, that medical malpractice (i.e. alleged negligence) will continue to be the primary exposure for physicians. These new types of liability will arise out of managed care structures. Sometimes the managed care organization will be the target of the lawsuit, sometimes the physician, and often both. Suffice it to say that individual physicians will likely get caught in the crossfire of these "new liabilities."

Credentialling Liability. Credentialling is verification of qualifications, training, medical license, practice history, medical liability history, and other related administrative matters. This process is critical for managed care organizations to reasonably ensure quality care is being provided. In an important court decision, *Harrell v. Total Health Care* (Mo.Ct.App.1989), the court imposed a duty of care on managed care programs to make a reasonable investigation of a healthcare provider's credentials.

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The court's reasoning: the patient's choice of physicians was restricted, and therefore the HMO had essentially chosen the patient's physician.

What does this mean for physicians? First of all, physicians must be accurate and complete in reporting their credentials to a managed care organization. In the course of a medical liability suit, the accuracy and completeness of the credentialling process will most certainly be fly-specked. If there is anything missing or wrong in the credential files, your chances of prevailing in the suit will go downhill. Remember, the managed care organization does not insure or indemnify you unless you are employed in a staff model situation or your contract provides for this coverage.

Utilization Review Liability. Do you or the managed care plan make utilization decisions? The realistic answer lies somewhere in between. The famous *Wickline v. State of California* court decision, however, concluded it is the physician's ultimate responsibility to determine what is medically necessary for the patient. In this case the physician complied without protest to deny an extension of hospitalization. The court also warned that the third-party payor (managed care organization) may be held liable for negligent administration of cost controls and insufficient appeal consideration.

What does this mean for physicians? Physicians should have a detailed description of the utilization review, quality assurance, and dispute resolution protocols. It's important that the protocols provide an opportunity for fair and meaningful input from physicians. In short, use good medical judgment when deciding how to treat patients. If the utilization guidelines provided by the managed care organization are not appropriate for a particular patient, be the patient's advocate and provide the care you believe is necessary based on your professional judgment. Then be sure to follow up with the managed care organization regarding your rationale. Your sound medical judgment should be your guide, not the managed care organization's reimbursement schedule.

Ostensible Agency Liability. This is more an issue of concern for managed care organizations and hospitals. This concept means that if the provider is perceived as an agent (employee) of a hospital or managed care organization, then that provider's liability becomes the organizations' liability, too. For example, the liability incurred by a general surgeon in a hospital can become the liability of the hospital. In terms of managed care organizations, liability arising from ostensible agency could occur with greater frequency as managed care organizations are perceived as being responsible for all care provided. This perception is justifiable in many cases. For example, these commonly occurring elements can create a situation ripe for ostensible agency liability: the managed care organization provides a list of primary care providers, patients must get a referral from the primary physician to see a specialist, or written material in the physician's office substitutes "the managed care plan" for "your physician."

Reducing Physicians' Risk Amid Managed Care

Here are some suggestions for reducing your liability exposure in the managed care environment:

- **Have your attorney review all managed care contracts before signing.** This sets forth your relationship with the managed care organization. Know what you're getting into.
- **Focus on the medical needs of your patients.** Although you must work within the constraints of a reimbursement system, medical liability case law supports the need for physicians to provide medically necessary care even if it goes against the utilization management decisions of the managed care organization. And treat all patients with equal care, regardless of health plan.
- **Conduct regular patient satisfaction surveys.** These will help you identify issues that need correcting. When you identify problems through a survey, act immediately to remedy the situation. Too often surveys become ends, not means.
- **Be thorough and accurate on credentialling forms.** If you're not, these could weaken your credibility in the event of a liability suit.

Conclusion

Physicians are being asked to be more than good clinicians. They are being asked to be good clinicians, strong patient advocates, and astute businessmen. As you continue to enter into more and more managed care relationships, remind yourself that all physicians — not just you — must wear several hats in order to maintain their livelihood . . . and you might consider increasing your stress reduction regimen from three to five times per week. ■

R. Stephen Trosty is director of risk management and Randy J. Hackney is claims legal advisor for the Stratton-Cheeseman Management company, the management firm for Michigan Physicians Mutual Liability Company (MPMLC). MPMLC is MSMS's endorsed medical liability insurer.

MSMS critiques medical appropriateness review system

By John E. Billi, MD



"Currently, only a few BCBSM customers and programs use the GMIS Medical Appropriateness Review System. But plans call for future expansion of the program. Through MSMS discussions... we were able to assure that the program would be educational."

When Blue Cross Blue Shield of Michigan announced its plans to implement a medical appropriateness review system, a subcommittee of the MSMS Liaison Committee with Blue Cross Blue Shield convened to review the system and the Blues' implementation plans. The review was prompted by concern that physicians not be confronted with another "black box", substituting the application of undisclosed protocols for the reality of practice and patient care in Michigan.

MSMS has long been an advocate of focused and open approaches to utilization management programs. Such approaches would limit implementation of utilization management strategies to specific services and practitioners and seek to improve practice through educational, rather than punitive, measures. These concepts are at the core of the *Principles for Utilization Management and Medical Review,* recently adopted by MSMS, and were pivotal considerations in our review of the Blues' medical appropriateness review system.

Currently, only a few BCBSM customers and programs use the GMIS Medical Appropriateness Review System. But plans call for future expansion of the program. Through MSMS discussions with Dexter Shurney, MD, of BCBSM, and with representatives of GMIS, we were able to assure that the primary focus of the program would be educational. A first step in educational use of the system is the dissemination of guidelines, which form the basis of the GMIS Appropriateness screens. GMIS has agreed to develop *Clinical Perspectives,* educationally oriented summaries of the protocols used in the review process. These summaries will be available for physician comment and review, and represent an important step toward eliminating some of the mystery that commonly surrounds utilization management programs. Availability of the protocol summaries also will be helpful to MSMS and to specialty societies in identifying any protocols that require revision and local adaptation.

As BCBSM continues and expands use of the GMIS Medical Appropriateness Review System, MSMS needs to monitor its use. Denial rates, the method and appropriateness of feedback to physicians, demands on patient and physician time, and consistency with other BCBSM utilization management initiatives are a few of the areas that require careful review. These issues are addressed in the MSMS Principles for Utilization Management and Medical Review and the MSMS Principles for Release of Physician Specific Data, which will form the basis for MSMS' critical review of utilization management programs implemented by BCBSM and other Michigan health plans in the months ahead.

An article by Doctor Shurney on the Blues' expert medical appropriateness system appears on page 42. Following his article is a rundown of the MSMS-approved *Principles for Utilization Management and Medical Review Programs* and *MSMS Principles on the Release of Physician Specific Data.* ■

Doctor Billi is associate dean for Clinical Affairs at the University of Michigan Medical School. He is a member of the MSMS Liaison Committee with Third Party Payers, the MSMS Advisory Committee on Medical Economics and has served as chair of the MSMS Liaison Committee with BCBSM, Subcommittee on GMIS Professional Monitoring.

COVER STORY

The Blue's medical appropriateness review system deals with "results driven" medicine

By Dexter W. Shurney, MD



There was a time, not that long ago, when medical appropriateness was simply a matter of providing everything that might be, even remotely, beneficial in treating a patient's condition. At a more organized level, it was sufficient to have isolated peer committees before the current spin to concepts such as managed care, integrated data bases and medical fiscal accountability.

We now live in a time when once simple matters are no longer so simple. Our society, patients and payers, have become increasingly more results driven. The public is demanding a more consistent and reliable means of assuring appropriateness, measuring costs and evaluating the more subtle nuances of care. This trend is expected to continue given rising health care costs and the growing capacity to access and analyze the cost/benefit data. Armed with integrated data bases and hi-tech expert systems, payers are taking aim on costs by targeting unnecessary and inappropriate procedures.

No surprises

This heightened awareness and concern with medical appropriateness issues on the part of payers should be well understood and should come as no surprise. There are numerous studies in the medical literature which document the vast differences in the number and kinds of procedures performed in various parts of the country on patients with similar demographics and like conditions. Moreover, the significant differences seen in the type of care rendered to these patients does not appear to result in measurable differences in health status and patient outcomes. Studies by Wennberg and others raise serious questions regarding the necessary and appropriate use of medical services. They also suggest that care decisions may be less grounded in science and more a factor of physician preference.

Wide recognition of such practice variations and the subsequent cost implications have made it necessary for physicians and payers, alike, to justify their contributions to different sides of the same problem. Likewise, physicians' groups that are reimbursed on a capitated basis often need advice on how to efficiently provide optimal, necessary services within the confines of their risk contracts. These needs have lead to the development of appropriateness protocols, many of which are housed as part of expert computer systems designed to analyze individual patient specifics. To some extent, the more sophisticated systems use artificial intelligence to mimic clinical thought.

To many physicians, this technology in the hands of payers is seen as intrusive and misguided. They fear that the practice of medicine is becoming an exhaustive drill carried out through a maze of rigid algorithms which seek to limit their autonomy and control their activities.

Human factor very important

Fortunately, this is not the usual scenario. The key determinate of a positive outcome of such systems is how they are developed and used. The so-called human factor is very important. When implemented in a responsive manner with adequate physician oversight, these systems have been found to be humane for patients and agreeable to most phy-

Continued on page 44

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HOSPITAL

Continued from page 42

sicians. Obviously, when done correctly, the consequences can be tremendously beneficial without posing a threat to physicians.

The AMA has published recommendations regarding the use and development process of medical appropriateness protocols. The centerpiece, and fundamental, to their recommendations is the need for adequate and continuous physician input. Practicing physicians should be involved from start to finish.

Recently, BCBSM implemented an expert medical appropriateness system called MAPS. MAPS assists in guiding appropriateness for 23 medical and surgical procedures. The system was originally conceived and developed at the Harvard University School of Medicine. It is built from solid research and embodies the most current and substantiated medical literature. The final protocols are refined by expert panels staffed by leading physicians in each area under review.

MAPS not a "black box"

But best of all, MAPS is not a "black box" filled with arcane algorithms, closed to outside scrutiny and review. Rather, it is designed to encourage continuous physician input in order to keep the protocols current and relevant. The most direct evidence of this is the re-rating process that allows local physicians the opportunity to form their own panels and adapt the protocols to meet the unique health needs of their particular communities.

In operation, MAPS provides a level of flexibility not commonly seen in other programs. For instance, patient specific factors in the form of shared decision considerations can be added or extracted from the final analysis.

Finally, by selecting MAPS as their medical appropriateness system, BCBSM has demonstrated a clear commitment to working with Michigan physicians. There are exemplary physicians in Michigan and there is every reason to involve them in making MAPS a credible and useful tool. ■

Doctor Shurney is a representative for Medical Administration, Planning and Development Services, Blue Cross Blue Shield of Michigan.

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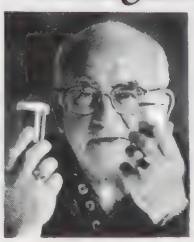
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Managed Care Contract Review Checklist

The following checklist describes provisions in one particular kind of contract -- a managed care contract -- that are in a physician's best interest. This checklist is not exhaustive and not intended as a substitute for a complete evaluation. Therefore, it is strongly advised that you seek legal and business advice prior to executing any managed care contract. In an ideal managed care arrangement, the following would be true.

- The contract sufficiently identifies the party or parties responsible for payment so that you can investigate their financial strength, client base and reputation to determine that the arrangement will be beneficial for you and your patients.
- The contract not only requires payment of your fees within a specific number of days, but also provides meaningful incentives for the payor's compliance with this requirement.
- The contract allows you reasonable time to submit completed bills and allows you to submit bills after the designated time when extra time is required due to circumstances beyond your control.
- The managed care organization (MCO) has provided you with a detailed written description of the procedure for verification of patient eligibility and coverage. The contract also requires the payor to pay you for services rendered pursuant to a mistaken verification if the mistake did not result from you failure to follow the verification procedures.
- The MCO has provided you with detailed description of its utilization review, quality assurance and dispute resolution protocols and the protocols are fair and provide for meaningful input by practicing physicians.
- The contract does not hold you to a standard of medical practice higher than "a reasonable physician acting under the same similar circumstances."
- If the contract requires you to provide anything other than medical services (for example, your participation in the MCO's peer review committee), it also provides you with adequate legal protection and reasonable compensation for such activities.
- The contract specifies the amount and type of insurance covering the MCO's activities under the contract and provides that you will be covered as an additional insured.
- The contract does not require you to obtain more insurance coverage or different types of insurance than your current insurance.
- The contract does not require that you indemnify and hold harmless any other party.
- The contract does not preclude you from participating in any other MCO or third-party reimbursement plan or in otherwise competing with the MCO.
- The contract provides you the right to reject any new groups of patients or alternate fee arrangement without terminating your right to provide services to existing patients or groups under the contract.
- The contract does not contain provisions that require you to significantly alter your practice (for example, with respect to availability, referral practices, or staffing).
- You are able to translate the fee schedule into real dollars per hour or dollars per procedure.
- If the contract provides for or contemplates capitation, risk sharing or withhold arrangements, the description of such arrangements are sufficiently clear and detailed to allow you to fully evaluate the risks that you are accepting.
- The contract has a definite expiration date. It provides that prior to the expiration date neither party can unilaterally amend the contract, any related documents, or the fee schedule, or terminate the contract, without cause (which is defined in a manner which is fair to you).
- The contract provides that after termination of the contract, and until the MCO has made medically appropriate referrals of patients who continue to need your service, the payor shall pay your standard fees for services that you render to such patients.
- The contract allows you to bill patients: (a) when the MCO or the payor fails or is unable to pay; (b) for services not covered by the contract; and (c) when you have advised the patient that the MCO or payor has determined that proposed services are not medically necessary.

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Principles for Utilization Management and Medical Review Programs

Purpose of Medical Review and Utilization Management Programs

Quality of patient care and improvement in the health of the population through improvement across all physicians' practice should be the emphasis of any medical review process or outcome.

Utilization management systems should be structured to recognize and encourage high quality care, to identify practices requiring significant improvement,and to encourage peer assistance and education for all physicians as we strive for continuous improvement.

The thrust of any medical review activity should be to help the physician improve knowledge, skills or technique.

Review Criteria

The medical protocols and review criteria used in any health plan review program must be developed by physicians, and modified through the experience of physician application.

Protocols and criteria should be developed in accordance with national practice guideline development processes, similar to those used by the federal Agency for Health Care Policy and Research, including a consensus process of expert clinical physicians, review of the scientific literature and review of existing guidelines or criteria developed nationally or by specialty societies.

The guidelines used in medical review must be continuously reviewed and revised by physicians using them to reflect increased scientific knowledge, improved technologies, availability of resources, and other developments relating to the demand for and provision of medical care.

Health plans should disclose to physicians the screening and review criteria, weighing elements, and computer algorithms utilized in the review process and how they were developed.

Guidelines used in medical review should be presented to and understood by physicians in advance of their implementation.

Legal precedents established through medical liability cases and the status of the tort system may dictate the need for modifications in the principles for guideline development.

Reviewer Qualifications

Medical review should be conducted by physicians or under close supervision of physicians.

Physicians of the same specialty must be consulted before a decision by a health plan to deny or reduce coverage for services based on questions of medical necessity.

Review Process and Outcome of Review

Variations from review guidelines, protocols and criteria should not be used to deny care or as per se indicators of quality or medical necessity problems. Variations of concern should involve provision of a service or procedure deemed by the preponderance of medical opinion to be inappropriate in that clinical situation. Otherwise, variations should constitute only a signal for further peer to peer considerations relative to quality or payment issues.

A diagnostic test or procedure with normal results should not automatically be deemed medically unnecessary.

Denial of payment, coverage or prior authorization should be accompanied by a written explanation of the denial.

Upon request, the qualifications of the reviewing physician should be provided to the physician whose services are under review.

Judgments as to performance of specific physicians should be based on assessment of overall practice patterns, rather than on examination of single or isolated cases.

Reports and feedback from utilization management programs should be provided to physicians and only disclosed to payers and purchasers in a manner consistent with the "MSMS Principles on the Release of Physician Specific Data."

Precertification or prior authorization programs, if used, should:

- be conducted on a targeted basis;
- allow immediate treatment in an emergency;
- not use failure to obtain prior authorization for

Continued on next page

Continued from page 42

emergency care as a basis for denial of payment; and

- include strict time frames for responding to prior authorization requests.

Review procedures and processes should consider and reflect sensitivity to the operational demands on a physician's practice and staff.

Requests for copies of medical records should be limited to information needed to support claims in review, and physicians should be compensated for copying costs.

Physicians should be compensated if inordinate amounts of time are spent to comply with utilization management and medical review requirements of health plans, including time spent in the development and coordination of plans for the management of high cost cases.

Health Plan Accountability and Disclosure

A health plan should fully disclose to physicians, plan enrollees or potential enrollees financial arrangements, restrictions, or incentives that may limit services, referral or treatment options, or negatively affect the physician's fiduciary responsibility to his or her patients.

Health plans which impose barriers between a physician and the best interests of a patient should be liable for any injury that the patient incurs due to these barriers.

Health plans that are granted access to patient health care information should be held responsible for reasonable security measures and should be subject to sanctions when security is breached.

Conflicts between a patient's right to privacy and a third party's need to know should be resolved in favor of patient privacy.

Due Process for Physicians and Patients

Health plans should have a fair and reasonable process to appeal decisions resulting from the implementation of medical review and utilization management programs. ■

Sources: AMA Policy Compendium; MSMS Policy Compendium; AMA Principles of Medical Review; Guidelines for the Conduct of Managed Care (AMA, BCBSA, Cigna Corporation, HIAA); deliberations of MSMS Liaison Committee with Blue Cross Blue Shield of Michigan, Subcommittee on GMIS Professional Monitoring.

Access to Food Constitutes a Human Right



World hunger is an ever-present scourge that claims 35,000 lives each day.

Access to food constitutes a human right. In 1976, the United States Congress passed a Right to Food Resolution which declared the sense of the congress to be "that all people have a right to a nutritionally adequate diet".

Physicians Against World Hunger (PAWH), a non-profit, tax-exempt organization was founded so that physicians could collectively defend this human right by raising funds to support well-recognized, reputable organizations that are directly engaged in working with the poor primarily for the purpose of ending death by starvation.

Please join us — together physicians must help bring an end to world hunger.

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MSMS Principles on the Release of Physician Specific Data

The medical profession has always invited close scrutiny by peers and others. Collection, analysis, and release of physician specific data should be aimed at increasing patient health and should utilize methods that will increase the knowledge base of physicians, consumers, government and employers about the quality of care and the impact of health behaviors and social conditions on health. Emphasis should be placed on quality and value, rather than just on cost, and on what opportunities exist to improve the health status of everyone.

Such efforts should allow a fair process of physician collaboration in the development of measurements and reports, review of databases, and ongoing refinements for accuracy. Indicators should be adjusted for patient characteristics, such as age, sex, case mix, severity, family, social support, lifestyle and workplace factors that impact everyone's health. The primary focus of such efforts should be educational, aimed at improving overall and individual physician performance in regards to quality and efficiency of care, rather than to be used in a punitive fashion.

The Michigan State Medical Society advocates that third party payers, government entities, and others that collaborate in the collection, analysis, and/or release of physician-specific health care data adhere to the following principles:

- Any effort in collecting and analyzing physician specific health care data shall be developed and implemented in collaboration with actively practicing physicians of the same specialty.
- Physician-specific health care data shall be objective, valid, and accurate, and are to be used primarily for the education of physicians, as well as consumers, employers and government officials. In programs in which public release is the goal, all attention is focused on the exact specifics of risk adjustment. When data are used for educational programs, to identify areas that merit further investigation and improvement of process of care, the efforts can focus on understanding the problem and means for improvement
- Appropriate methodology will be developed to determine appropriate standards for data collection and assessment.
- Relevant adjustment factors will be used, including: age/sex; socioeconomic status; family/social support; health risks specific to the outcomes; health behaviors such as smoking, substance abuse, diet and exercise; job-specific risk factors; case mix adjustment; severity adjustment; benefit level/structure; and the impact of chance variation.
- Physicians under review and relevant physician organizations shall be provided an adequate opportunity to comment on proposed physician-specific health care data projects and disclosures of their outcomes prior to publication or release.
- Effective safeguards to protect against the dissemination of skewed, preliminary, unadjusted, or misleading results shall be established.
- Reliable administrative, technical, and physical safeguards to prevent the unauthorized use or disclosure of physician-specific health care data shall be developed and implemented.
- Such safeguards shall treat all underlying physician-specific health care data and all analyses, proceedings, records, and minutes from quality review activities on physician-specific health care data as confidential, and provide that none of these documents shall be subject to discovery, or admitted into evidence in any judicial or administrative proceeding.
- The quality and accuracy of physician-specific health care data shall be evaluated by conducting periodic medical record audits and maintaining a mechanism to ensure continuous updating of data under review. ■

Several managed care products and services available from the AMA

Following is a brief rundown of the managed care products and services currently available from the American Medical Association:

Doctors Advisory Network

The Doctors Advisory Network puts physicians in touch with AMA-credentialed managed care consultants and attorneys. AMA Private Sector Advocacy and Support Team staff "diagnose" your needs and send you a list of physician-friendly advisors. The service is free to AMA members. Nonmembers pay a $100 access fee. Call 800 AMA-1066, press 2.

Doctors Resource Service

Doctors Resource Service is a nine-part, multimedia series on managed care. Each issue is available to AMA members for $30. Nonmembers pay $45 per issue.Call 800 621-8335.

Issue 1: An Overview of Managed Care
Order #: OP651694SG
Issue 2: Forming PHOs and Integrated Networks
Order #: OP651794SG
Issue 3: Negotiation and Contracting
Order #: OP651894SG
Issue 4: Compensation Arrangements
Order #: OP651994SG
Issue 5: Evaluating Your Practice
Order #: OP652094SG
Issue 6: Demonstrating Clinical Efficiency
Order #: OP651194SG
Issue 7: Law and Strategy
Order #: OP651294SG
Issue 8: The Gatekeeper-Specialist Relationship
Order #: OP651394SG
Issue 9: Physicians and Change
Order #: OP651494SG

A Guide to Forming Physician-Directed Managed Care Networks

This manual provides advice and strategies to physicians who want to form regional physician organizations or fully integrated group practices. Topics include: • Start-up and general organizational issues; • Operations, administration and staffing; • Marketing and contracting; • Legal issues. To purchase the Guide, call 800 621-8335. Order #: OP652494SG. AMA Members: $17.95; Nonmembers: $25.95. Orders of 50 or more are eligible for a 30% discount.

The Physician and Managed Care

How national trends affect physicians and how individual practices can adapt to managed care. Call 800 621-8335. Order #: OP637393SG. Member Price: $29.95. Nonmember Price: $42.

Negotiation and Contracting in Managed Care

Complete information on the legal, financial and business implications of managed care contracting. Call 800 621-8335. Order #: OP637193SG. Member Price: $19.95. Nonmember Price: $28.

Managed Care Strategies for Physicians

Practice options in the medical profession - from PHOs to physician networks. Call 800 621-8335. Order #: OP637093SG. Member Price: $19.95. Nonmember Price: $28.

Medical Practices and Managed Care Newsletter

Medical Practices and Managed Care newsletter offers practical advice on dealing with the challenges of managed care, real-life strategies for demonstrating quality and cost effectiveness in a managed care environment and valuable resources and contact information. Call 800 621-8335. 10 issues a year. Order #: NR921295SG. Member price: $85.00 (shipping & handling included)Nonmember price: $135.00 (shipping & handling included).

How to Negotiate a Physician's Employment Contract

This book is geared to those seeking contracts with groups or managed care organizations, the book includes model employment contracts and clauses, a checklist for preparing or reviewing a contract, ADA requirement provisions, as well as information about liquidated damages, solicitation of employer's patients and many other topics. Call 800 621-8335. Order #: OP653795SG. Member price: $29.95. Nonmember price: $41.95.

Quality Improvement: Practical Applications for Medical Group Practices

The authors of the Medical Group Management Association publication have transformed their experience in building large integrated health care delivery systems into practical flow charts, quality improvement tools, and learning modules. Physicians and managers learn how to develop and implement effective quality improvement programs in their organizations. 209 pages. Call 800 621-8335. Order #: OP653995SG . Member price: $79.95. Nonmember price: $94.95.

MSMS offers contract review service

In order to serve and assist physicians in all types of practice situations, MSMS offers a wide range of consulting services. One of these services is review of managed care contracts. For more information about this service, contact MSMS Contracting Ombudsman Thomas Wolff, JD, at (517) 336-5740.



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Keys To a Successful PO

Money is a major challenge facing doctors involved in physician organizations (POs).

In a report to be released later this year, MSMS staff as well as members of the AMA and Indiana State Medical Association discovered the importance for each physician involved in a PO to make a significant capital contribution.

"While the capital raised is important in terms of developing and initially operating the PO, more important is the commitment to the organization engendered by a significant capital investment," says Tom Wolff, who represented the MSMS at a site visit to Cascade Physicians, Inc. (CPI) in Portland, Oregon earlier this year. Cascade, formed in 1992, describes itself as a network group practice with 27 physicians practicing in seven offices.

Each CPI physician paid $10,000 to join the organization, but the leaders of CPI admit they lack adequate capital. As a result they are looking for an equity partner.

"They estimate that a PO will need $250,000 per year for each of its first three years of operation," Wolff said. Among the PO's major expenses are staff, a management information system and an accounting system.

In a related money area, the group found that it was important to compensate both the medical director and president of the PO so they can devote time to the organization.

"Both the president and medical director of CPI practice medicine, but take many hours out of practice for their PO duties," said Wolff. "As a result, CPI pays each physician $1,500 per month plus $100 per hour of lost office time."

Other findings included the need for:

- developing a business plan with a mission statement and objectives.
- selecting physicians who trust each other and share similar practice styles and goals.
- including 10-20 physicians for establishing a primary care PO. A small but cohesive PO may be more likely to succeed than a larger, less-cohesive organization.
- visiting sites already up and running to assess management information systems and software packages.
- granting a PO's board of directors broad power since it is difficult to reach a consensus among the entire membership on key issues.
- choosing an executive director with a strong business sense and good communication skills. It is helpful if the individual has experience working with physicians and in managed care and has an understanding of management information systems and accounting issues.

CPI includes three family physicians, 16 general internists and eight pediatricians. Twenty-one of the physicians are shareholders in the groups; the other six are employees. The group has a single pension plan and six full-time employees.

The visit to CPI was the third in a series by the three organizations. The results of all the visits will be compiled in a report which will be available later this year.

If you have any questions concerning this article or are interested in developing a physician organization, call Tom Wolff at MSMS at (517) 336-5740. ■

Key findings at a glance

- Each physician involved in a PO should make a significant capital contribution.
- Compensate both the medical director and president of the PO so they can devote time to the organization.
- Develop a business plan with a mission statement and objectives.
- Select physicians who trust each other and share similar practice styles and goals.
- Include 10-20 physicians for establishing a primary care PO.
- Visit sites already up and running to assess management information systems and software packages.
- Grant a PO's board of directors broad power since it is difficult to reach a consensus among the entire membership on key issues.
- Choose an executive director with a strong business sense and good communication skills.

MEDICAL SAVINGS ACCOUNTS give patients control, incentive to spend wisely

By Brian R. McCardel, MD



As an employer, there are certain things I want my employees to think and feel about the health insurance I provide them.

First, I want my employees to be able to get the medical care they think they need without having to worry about going into debt. Second, I want them to be able to choose who they go to. If they want to see a specialist directly, or go to the emergency room, they should be able to do so using the good common sense for which they were hired.

Third, there should be an incentive for them to act responsibly with regards to their own health care spending. We are all quite aware of the huge increases in health care costs in this country, and we ought to reward people who are sensible about how they use those limited resources.

I believe Medical Savings Accounts provide a way to meet these goals.

How MSAs work

Here's how I explain to my patients how MSAs work. Your employer would provide you with a catastrophic health insurance policy, with, say, a $2,000 deductible to pay before the insurance kicked in. Obviously, if that is all there was to the plan, that wouldn't work for the average person. But, in addition to the insurance policy, your employer would also give you a checking account with, say, $1,700 in it each year. And from that account you could write checks only for medical expenses. So, for the first $1,700 of medical expenses within a given year, there would be no need for submitting insurance claims, no arguing with your insurer whether something was medically justified or if the cost was reasonable. You, the patient, would get to decide that; you would be in control of your own health care costs, and have the means to cover those costs, with a lot less hassle.

For most people who think this through for themselves, this raises several questions:

1. What happens if I go over $2,000 in medical expenses in a given year?
2. Why isn't there $2,000 in the account, instead of $1,700?
3. What happens if there is less than $1,700 in expenses in a given year?

Let me answer each these questions, keeping in mind the goals I have for my own employees.

Continued on next page

Continued from previous page

One. For those who go over $2,000 in a given year the insurance policy we talked about would kick in, covering your health expenses. And, if you had a chronic illness, or a bunch of kids in the family which led you to exceed your account limit, you may want to choose a different plan, perhaps a managed care plan of some sort that might be able to curtail some of your expenses.

Two. The reason that the bank account has slightly less than the deductible for a given year is to encourage you to spend your money wisely. That is the thinking behind any deductible. The problem with them as they are now is that they are the first dollars that get spent on health care each year and are often quite high, which can prevent individuals from getting care when they should. It also discourages any sort of preventative care. By moving it into the middle of the medical costs, rather than up front, you ought to be able to allow people to get preventative care, and to get the care the need when they need it rather than blowing things off that deserve attention.

Three. Here is the good part for patients. If there is money left over in your MSA at the end of the year, you would get to keep it. It would get rolled over into an IRA, or applied to the difference between your medical savings account next year, or it could be used to pay the health insurance premiums for you and your family if you were ever out of work. This would allow people who are unfortunate to lose their jobs to not also automatically lose their health insurance. You might also be able to take it out as a bonus, though this would be taxable income, so there is an incentive for keeping the money in the account.

From concept to reality

That is the concept of MSAs in a nutshell. There are many states that have given the go-ahead for MSAs, including Michigan this past year. All they really needs to get off the ground is for Congress to make them a tax deductible option as has been done with other health insurance. Congress is supposed to be working on this sometime this summer.

Make sure to explain MSAs to your friends. I think they're a great idea. ■

Doctor McCardel is an East Lansing orthopedic surgeon.

Interest in MSAs on the upswing

The concept of Medical Savings Accounts (MSAs) is gaining momentum in Congress, according to a report in the Spring 1995 issue of *Directions*, the quarterly publication of The ABOW Companies, a Troy-based insurance agency, financial services and employee benefits consulting firm.

MSAs have been viewed as a way to help Americans enjoy a tax-favored benefit for health care coverage. The MSA concept has shown bi-partisan support despite the failure of last year's health care reform measures.

Several states, including Michigan, have passed legislation to allow MSAs on a tax-favored basis. However, without federal support, it is unlikely that MSAs will gain the popularity necessary to interest employers in using MSAs as additions or replacements to their current employee benefit programs.

One major issue facing Congress is whether MSAs should be offered as an employer-based program or whether MSAs should be designed on a basis similar to Individual Retirement Accounts (IRAs). Allowing individuals to set up individual accounts would make them available to a larger population including both the employed and the self-employed.

Proposals introduced in Congress have varied significantly. Key issues include the following:

- Prohibiting contributions by individuals covered by an employer-subsidized plan.
- Allowing contributions only if offered in conjunction with a catastrophic health plan.
- Allowing contributions to be carried over year-to-year on a tax-free basis.
- Limiting the type of medical expenses that may be paid from the account.

Despite the concerns that are pending, MSAs are viewed as a way to make individuals more prudent health care consumers while at the same time providing a tax-favored incentive for health care savings.

BOARD OF MEDICINE ACTIONS

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate action and are reproduced verbatim from summaries prepared by the Michigan Department of Commerce, Office of Health Services.

Name: Martin M. Abbrecht, MD, 800 S. Adams Rd., Birmingham, MI 48009
Action, Date Taken: Reprimand, Fine $10,000.00, 03-15-95
Reason: Drug Related

Name: Jasubhai K. Desai, MD, 1675 Kingsway Ct., Trenton, MI 48183
Action, Date Taken: License Summarily Suspended, 04-05-95
Reason: Criminal Conviction

Name: Abdelkader H. Fares, MD, 9925 Dix, Dearborn, MI 48201
Action, Date Taken: Summary Suspension Dissolved, 03-23-95
Reason: None available

Name: Robert G. Glinski, DO, 37724 N. Laurel Park Dr., Livonia, MI 48152
Action, Date Taken: License Summarily Suspended, Controlled Substance License Void, 03-13-95
Reason: Drug Related

Name: Robert G. Glinski, DO, 37724 N. Laurel Park Dr., Livonia, MI 48152
Action, Date Taken: By Order of the Wayne County Circuit Court, the Order of Summary Suspension effective 3-13-95 is Stayed.
Reason: None available

Name: Robert G. Glinski, DO, 29521 Ford Rd., Garden City, MI 48135
Acion, Date Taken: Summary Suspension Dissolved, 04-04-95

Name: Paul A. Haupt, DO, 1100 Tenth St., Menominee, MI 49858
Action, Date Taken: License Limited, 04-06-95
Reason: Negligence-Incompetence

Name: William D. Hobbs, MD, 410 South Earling, P.O. Box 1000, Miles City, MT 59301
Action, Date Taken: Reprimand, Fine $500.00, 04-14-95
Reason: Mental/Physical Inability to Practice, Failure to Report/Comply Sister State Disciplinary Action

Name: Akhter F. Husain, MD, 3737 Lake Eastbrook SE, Grand Rapids, MI 49546
Action, Date Taken: License Suspended - 1 yr.; Fine - $5,000, 05-08-95
Reason: Negligence-Incompetence

Name: Charles A. MacLean, MD, 1040 Tracy, Owosso, MI 48867
Action, Date Taken: License Revoked, Fine - $10,000, 01-25-95
Reason: Drug Related

Name: William R. Tipton, MD, 990 Hammond Drive #1020, Atlanta, GA 30328
Action, Date Taken: License Limited, 04-14-95
Reason: Failure to Report/Comply Sister state disciplinary action ■

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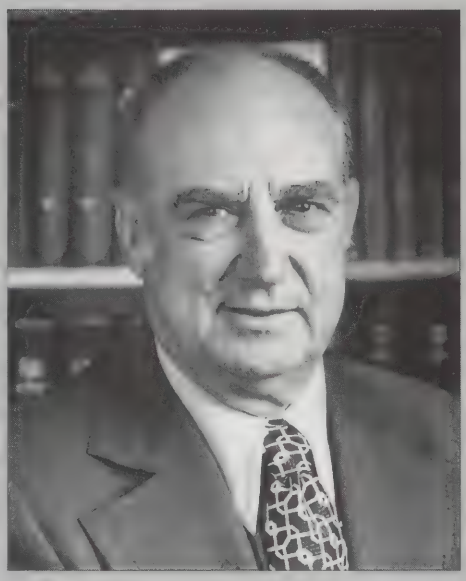
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A Salute to
Ernest P. Griffin, MD,
MSMS Past President



Ernest P. Griffin, MD, Michigan State Medical Society president from 1978-79, died in March at the age of 82. Doctor Griffin, a radiologist from Genesee County, was instrumental in the formation of Michigan Physicians Mutual Liability Company (MPMLC), serving as its secretary-treasurer. He played an important role in helping other physicians learn about the insurance industry when Blue Cross was becoming a powerhouse and Medicare was created. During his tenure as MSMS president, he believed that the future of MSMS revolved around increasing membership. "It's the only way I can see us being able to hold our position against federal and state intrusions into the practice of medicine," he says. "It's important for us to increase our membership so we can actually speak for the whole profession." He also believed in making sure that "our people are doing the best job possible," through continuing medical education.

"He was a titan; he was a real leader," says Peter A. Levine, executive director of the Genesee County Medical Society. In addition to his MSMS activities, Doctor Griffin was a past president of the county organization. "Ernie," as he was affectionately known by his colleagues, was an Arkansas native and graduate of the University of Arkansas School of Medicine. He began an internship at Hurley Hospital in 1938. While in Flint, he met and married Marie Sexsmith. After moving to New York where Doctor Griffin took advanced training, he served in the US Army at LaGarde Army Hospital in New Orleans during World War II for five years. The Griffins returned to Flint in 1946 when he opened a practice.

Although Doctor Griffin said he spent "all (my) time in medicine," he did fly a Cessna 210 and enjoyed hunting, fishing and golfing.

Doctor Griffin was a councilor with the Radiological Society of North America and a fellow of the American College of Radiology. He was a past president of the Michigan Radiological Society and served on the board of directors of the Michigan Medical Service, the former Blue Cross.

He is survived by his wife; one daughter, Patricia Griffin of San Mateo, Calif.; one son, Walter of Grand Blanc; and two grandchildren.

Memorial contributions can be made to the Genesys St. Joseph campus or the Medical Society Foundation. ■

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Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals.

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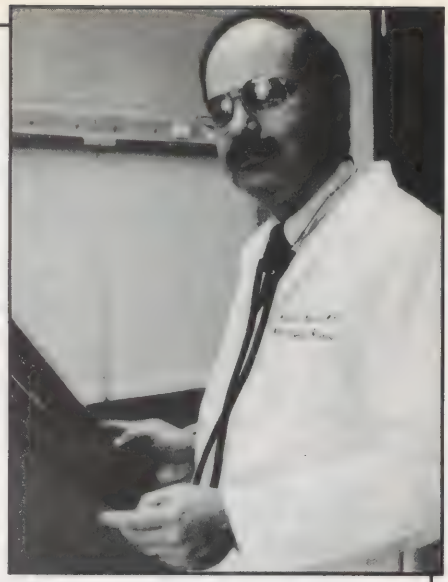
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JUNE

15-16, Dermatologic Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.5 hours of Category I Credit.

19-23, 31st Annual Northern Michigan Summer Conference: An Update on Common Clinical Concerns. Location: Shanty Creek Resort, Bellaire, Michigan. **Sponsor:** University of Michigan Medical School, Department of Family Practice. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

22-23, Colposcopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

24, LEEP/LETZ/LOOP. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 6.25 hours of Category I Credit.

24, Reproductive Endocrinology and Infertility in the 21st Century Honoring Dr. Kamran Moghissi. Location: The Ritz Carlton, Dearborn, Michigan. **Sponsor:** Wayne State University, Division of Continuing Medical Education. **Contact:** Janice Freytag, Conference Coordinator, Office of CME, Wayne State University, 4021 St. Antoine, 4H UHC, Detroit, Michigan, 48201, (313) 577-1180, fax (313) 577-7560. **Approved for:** 6.5 hours Category I Credit, 6.0 ACOG Cognates.

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July 95	Lake Louise, CANADA 20-22	Yosemite, CA 21-23	Cape Cod, MA 14-16	Napa Valley, CA 14-16	Nantucket, MA 21-23	Orlando, FL 28-29
Aug. 95	Grand Canyon, AZ 4-6	Lake George, NY 4-6	Vancouver, CANADA 11-13	Martha's Vineyard MA 11-13	Lake Tahoe, NV 18-20	Mackinac Island, MI August 11-12
Sept. 95		Bermuda 21-23				Las Vegas, NV 29-30
Oct. 95	Las Vegas, NV 20-22	Cancun, Mexico 26-28	Los Cabos, Mex. 19-21	Orlando, FL 6-8	Scottsdale, AZ 27-29	New Orleans, LA 13-14
Nov. 95	Orlando, FL 17-19		St. Thomas, USVI 16-18	Palm Springs, CA 17-19	Naples, FL 17-19	
Dec. 95	St. John, USVI 7-9	Scottsdale, AZ 1-3	Grand Cayman, BWI 11/30-12/2	Key West, FL 8-10	Las Vegas, NV 8-10	New York, NY 8-9

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CATEGORY I COURSES

JULY

9-12, 21st Annual Mackinac Island Course: Advances in the Management of Infectious Diseases. Location: Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Michigan Medical School, Division of Infectious Diseases, Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 13.0 hours Category I Credit.

14-15, Sclerotherapy. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 11.25 hours of Category I Credit.

23-25, 9th Annual Symposium on Breast Disease: Diagnostic Imaging and Current Management With a Special Focus Session for Technologies. Location: Grand Traverse Resort Village, Grand Traverse, Michigan. **Sponsor:** University of Michigan Medical School, Department of Radiology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

28-29, 75th Annual Coller Penberthy Thirlby Medical Conference. Location: Park Place Hotel, Traverse City, Michigan. **Sponsor:** Munson Medical Center and Medical Staff. **Contact:** Paula Parshall, Medical Education, Munson Medical Center, 1105 Sixth Street, Traverse City, Michigan, 49684-2386, phone - (616) 935-6546, fax - (616) 935-7124. **Approved for:** 9-13 hours of Category I Credit.

AUGUST

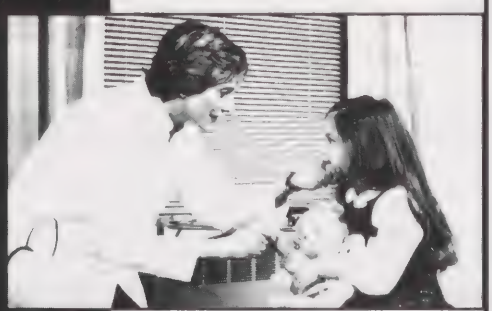
9, Flexible Sigmoidoscopy. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 5.5 hours of Category I Credit.

9-10, Colonoscopy/Common Anorectal Disorders/Hemorrhoid Treatment. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.25 hours of Category I Credit.

11-12, EGD (Gastroscopy). Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.0 hours of Category I Credit.

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CATEGORY I COURSES

11-14, Advances in Office Psychiatry: Mood and Anxiety Disorders. Location: Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

13-16, Internal Medicine Update. Location: Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 12.0 hours of Category I Credit.

24-25, Colposcopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

24-27, Cardiology Update. Location: Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

26, Vasectomy (No-scalpel technique). Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 5.5 hours of Category I Credit.

SEPTEMBER

14-16, Cancer Prevention and Screening. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 22.0 hours of Category I Credit.

14-16, Suffering and Healing: Exploring the Connections Between Physicians and Patients. Location: The Fetzer Institute, Kalamazoo, Michigan. **Sponsors:** American Academy on Physician and Patient, The Fetzer Institute, and the Michigan State University Kalamazoo Center for Medical Studies. **Contact:** Robert C. Smith, MD, Course Director, B306 Clinical Center, Michigan State University, East Lansing, Michigan, 48824, (517) 355-6516. **Approved for:** 14 hours of Category I Credit.

OCTOBER

6-7, OB Ultrasound. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.25 hours of Category I Credit.

26-28, Selected Hot Topics in Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 22.5 hours of Category I Credit.

NOVEMBER

3-4, Colposcopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

16-17, Dermatologic Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.5 hours of Category I Credit.

18, Advanced Suturing. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 4.0 hours of Category I Credit.

DECEMBER

1-2, EGD (Gastroscopy) Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.0 hours of Category I Credit.

7-8, Colposcopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

9, LEEP/LETZ/LOOP. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 6.25 hours of Category I Credit.

10, Advanced Colposcopy. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 7.5 hours of Category I Credit. ■

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PRESIDENT'S PAGE

Physician Well-Being a Key Concern

By B. David Wilson, MD



For the time being, the move toward national health system reform is over. President Clinton recently admitted that they just took too big a bite and, apparently, it led to a case of national indigestion.

But the insurance companies and employers still are demanding something to control costs. It seems they have latched on tightly to the idea of managed care. As more and more patients are enrolled in managed care plans, we will see changes in our practices.

The idea of change is often associated with uncertainty. And it's a universal human trait that uncertainty creates the feeling of discomfort.

There *will* be change. There *has been* change and there *is* discomfort in the medical community.

Change is uncomfortable and leads to uncertainty. This uncertainty has led to much stress for physicians. And this is where I feel the Michigan State Medical Society can be the greatest help in physician advocacy by promoting physician well- being.

I mean physician well-being in its broadest sense. By keeping our members fully informed and knowledgeable about all the options available, they will be able to make good judgment decisions and reduce the stress of the unknown.

Physician well-being takes many forms:

- Our Physician Well-Being Committee will be offering a variety of a support mechanisms, from counseling to education.
- MSMS also will serve as an educator and clearinghouse of facts and ideas. By informing and through education, we can help physicians adapt to the marketplace and to continue to provide the best medical care in a competitive, cost-conscious manner.
- We will teach our members about the new information technologies available including the MSMSNet.
- Our Physicians in Transition Committee will give direction to those moving from traditional practice.
- We will offer practice management counseling.
- We will explore and respond to the needs of corporate affiliated physicians through our new committee on that topic.

We also need to look at one other important area — ethics —during these changing times. We need the moral rudder of the MSMS Committee on Bioethics which has sent a "Preliminary Report on the Ethics of Managed Care" to this year's House of Delegates.

In sum, the report stated that the basic ethical issue in managed care is integrity.

"We need a clear understanding of what it means for individual physicians to advocate on behalf of individual patients and how that integrates with their more general responsibilities to groups of patients and to society as a whole. Tensions that arise between those differing duties will need to be resolved in a way that preserves the integrity of individual physicians and the overall integrity of medicine."

The Committee on Bioethics will be discussing this issue in the coming months and will offer a complete report later this year.

From all of these activities, you can see that the Michigan State Medical Society is trying to be an advocate for physicians and their patients.

We see the principles and actions of the broad viewpoint of physician well-being permeating the entire fabric of medicine. We see this as MSMS being responsive to its membership.

And although there is a fear of the unknown about the future, through knowledge we have the ability to deal with this new marketplace. The resulting changes might even help us provide a better product in health care.

Our challenge is to communicate this to our members. In the big picture, physician advocacy and physician well-being are one in the same. ■

Doctor Wilson is MSMS president.

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